

**HOW CAN MINDFULNESS MITIGATE
ANXIETY? THE JOURNEY OF ADULTS IN
MALTA SEEKING RELIEF FROM THEIR
INEXORABLE MIND.**

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ta' Malta

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Abstract

This study explored how mindfulness helps in managing anxiety. It followed the journey of adults in Malta who were searching for relief from their inexorable mind. Interpretative Phenomenological Analysis (IPA) was adopted as a methodological approach for this study. A sample of eight participants which was purposive and somewhat homogeneous was selected. Data was gathered through audio-recorded semi-structured in-depth interviews conducted on an individual basis. Data analysis generated six superordinate themes: 1. The Qualities of Anxiety; 2. How Anxiety is Experienced; 3. Deciding to Pursue Mindfulness; 4. Becoming More Mindful; 5. Mindfulness as an Attempt to Manage Anxiety; 6. Adopting a Mindful Lifestyle. These themes and their subordinate themes represent the journey and experience of participants as they pursue a mindfulness approach as an aid for their heightened anxiety. Findings indicate how mindfulness eased the struggles and hardships brought about by anxiety. The practice taught participants how to be present in the moment and how to become aware, acknowledge and accept feelings, thoughts and behaviours without trying to change them. These proved to be the most effective aspects of mindfulness which led to significant relief from the symptoms of anxiety. Findings generated significant implications for the counselling profession. A number of recommendations for further research conclude this research study.

Keywords: mindfulness, anxiety, Malta, IPA, counselling

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List of Abbreviations

| | |
|------|--|
| CBT | Cognitive Based Therapy |
| CT | Cognitive Therapy |
| FREC | Faculty Research Ethics Committee |
| IPA | Interpretative Phenomenological Analysis |
| MBCT | Mindfulness-Based Cognitive Therapy |
| MBSR | Mindfulness-Based Stress Reduction |
| MBT | Mindfulness-Based Therapy |
| UREC | University Research Ethics Committee |
| WPA | World Psychiatric Association |

Dedication

To my parents, who loved me unconditionally since day one.

To Chris, who held my hand every step of the way.

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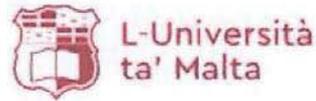
Another thank you goes to my parents who have had my back for all these years.

I am forever grateful for the imperative help and support that I received particularly from my father. Thank you for your meticulous review of my work, dedication and time, but more importantly for your encouragement when I was giving up.

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Declaration of Authenticity



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Introduction

‘You can’t stop the waves, but you can learn to surf’ (Jon Kabat-Zinn, 2001).

I can still remember clearly when the doctor told me that I was experiencing anxiety. In what seems to be a strange reaction, I instantly felt a wave of relief pass over me when I heard him say that. So I was not losing my mind after all! Yet I was still a little concerned...will this horrible feeling ever go away?

I had never before experienced anything of the sort, notwithstanding that I was always a worrier. I was in my second year of the Master course and was trying to juggle my studies, new job, dancing, and my relationships. During that period, I did not realise that I was gradually forgetting myself and losing grip on my well-being. It was a kind of silent build-up of stressors. At one point in time, my mind and body could not take it anymore, and unexpectedly I started to experience the symptoms of overwhelming anxiety. I could not understand what was going on and I really felt like I had lost it!

For a few months, my nights were characterised by a continuous battle with my thoughts as an attempt to get myself some rest. I read, watched films, walked around the house...anything possible to get tired enough to fall asleep. At times nothing worked and I spent nights wide awake. On some odd days, I did manage to get some sleep; however, the vivid nightmares did not allow me to rest at all. The following day, I used to be dead tired and not looking good at all! During the day, it was not easy either, particularly when I found myself alone. I am forever grateful to my boyfriend and parents who ensured that such time was minimal.

When I opened up to a close friend about what I was going through, she immediately suggested yoga. I was somewhat sceptical at first; however, after reconsidering I decided to give it a shot. This was when I was introduced to mindfulness, and it was life-changing. I started to practice regularly, research and read books. I experienced a great improvement in my anxiety, which was so liberating. The initial quote by Jon Kabat-Zinn (2001) perfectly encapsulates what mindfulness is to me. I cannot stop feelings of anxiety or of being overwhelmed; however, through mindfulness I have learnt how to manage them without allowing them to spin out of control (Kabat-Zinn, Segal, Teasdale & Williams, 2007; Penman & Williams, 2011a; Penman & Williams, 2011b). Since then, I have not experienced unmanageable anxiety or panic again. I feel that even though it was a horrible experience, looking back, I can say that it enriched me as a person and as a professional.

The positive personal experience of mindfulness is what inspired my research. I was very interested to look into it in more depth and develop further understanding of such an approach. I wanted to explore the journey of others who have resorted to mindfulness as a means of relief. I also wanted to comprehend how such an approach could help clients who are experiencing anxiety. This would support me in my profession as a future counsellor. Finally, I wanted to raise awareness about such an approach.

The Research Question

The research study asks the following question: *How can mindfulness mitigate anxiety? The journey of adults in Malta seeking relief from their inexorable mind.*

The main aim of the research was to afford readers an opportunity to walk in the shoes of adults who have experienced anxiety, and have resorted to mindfulness as an attempt to find relief from their inexorable mind. It was intended to understand *how* such a contemporary approach helped participants by following their journey thoroughly. This will hopefully raise awareness about the benefits of such an approach.

Local research regarding mindfulness is very limited. The majority of the research conducted in Malta so far addresses the benefits of mindfulness in general (D. Caruana, 2015; W. A. Caruana, 2015; Chetcuti, 2016). There was only one study specifically dealing with anxiety, which took on a different perspective since it was a case study (Zammit Cutajar, 2013).

The Conceptual Framework

The Conceptual Framework is ‘...the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs a research’ (Robson, 2011, p.39).

Prior to conducting this study, my assumption was that people who experience anxiety tire themselves out as a result of their inexorable mind (Penman & Williams, 2011b) and would need tools to be able to manage it. I also assumed that mindfulness is an approach that is effective for people experiencing anxiety and which gives them the tools they need.

Two major influencers for me as a researcher and also as an individual were Jon Kabat-Zinn and Mark Williams. They are pioneers in the development of

mindfulness practice as treatment programmes in the Western world, and hence will feature frequently throughout this dissertation.

Mark Williams together with Danny Penman published a book called *Mindfulness: A Practical Guide to Finding Peace in a Frantic World*. This is a pivotal book for this research study as it helped me greatly through my personal journey and it inspired me to conduct this research.

An important matter to point out is that, although the key contributors of this research, Kabat-Zinn and Williams et al., come from the medical field, I feel that their work and their books do not pathologise. In view of this, I had special inclination towards their work as my interest is in the biopsychosocial aspect of the phenomenon being studied.

Research Approach

The most commonly used research approaches in psychology are the quantitative and the qualitative approaches (Langdrige, 2004). The quantitative approach is concerned with quantifying a particular phenomenon. The belief is that if things are measured accurately, the researcher can make claims, with substantial certainty, about the phenomenon being studied (Langdrige, 2004). The qualitative approach, on the other hand, is concerned with the quality and meaning of the phenomenon. Researchers are interested in how individuals experience events and make sense of them (Willig, 2013). Such an approach is ideal to explore in detail the journey of participants as they search for relief from anxiety.

The most fitting methodology for such in-depth subjective exploration was deemed to be IPA. This methodology ‘...wishes to capture the quality and texture of individual experience’ (Willig, 2013, p. 260). The primary goal is to explore how people make sense of their experiences (Pietkiewicz & Smith, 2012). IPA aims to produce knowledge of how and what the participants think about the phenomenon being researched (Flowers, Larkin, & Smith, 2009). It allowed me to get into the participants’ shoes and explore the phenomenon of mindfulness and anxiety through their eyes, yet acknowledges that this is not possible without some interpretation by the researcher (Osborn & Smith, 2004; Pietkiewicz & Smith, 2012). IPA’s epistemological framework and research methodology is informed by three theoretical underpinnings: phenomenology, hermeneutics and idiography (Shinebourne, 2011). These will be discussed in depth in the Methodology chapter.

Significance of Research for Counselling

I believe that this research is very important and relevant for the counselling profession for a number of reasons. First of all, anxiety and anxiety disorders are very common (Berglund et al., 2005; Craske & Stein, 2016; Flannery & Ohannessian, 2017) and therefore, as counsellors, it is very likely to encounter clients with such presenting problems. An understanding of the benefits of such an approach for people experiencing anxiety might increase its use in counselling. Finally, by presenting real experiences, I am hoping to raise awareness about the importance of seeking professional help, particularly when experiencing anxiety.

Conclusion

I organised my research in five chapters. This chapter was an introduction to my research and included the motivations driving the study. The next chapter reviews local and foreign literature regarding anxiety and mindfulness. The third chapter presents the methodological approach undertaken. This is followed by a presentation of findings and discussion in the fourth chapter. I conclude this study by outlining implications and offering recommendations for further research in the last chapter.

Literature Review

Introduction

Mindfulness-Based Therapy (MBT) is gaining popularity in the Western world and is being regarded as the preferred therapy for a variety of difficulties (Boyce, 2011; Brown, Guiffrida, & Marquis, 2013; Hofmann, Oh, Sawyer, & Witt, 2010; Penman & Williams, 2011b; Sun, 2014). This dissertation attempts to understand how mindfulness can mitigate anxiety by exploring the journey of adults in Malta who are searching for relief from their inexorable mind.

This section of the research presents a thorough and critical assessment of the literature available and research done with regards to anxiety and mindfulness. I first explore anxiety and mindfulness separately so as to give all readers a clearer understanding of what such concepts refer to. Following that, I delve into the notion of mindfulness with regards to anxiety, which is the focus of this research study.

Both foreign and local recent literature in English are referred to in this section of the dissertation. In this regard, it was ensured that the literature considered postdates the year 2000, with the majority dating back to the last ten years. There are minor exceptions where preceding literature was utilised, as it was considered fundamental for this study and is still very relevant nowadays.

Anxiety

Anxiety can be defined as ‘...anticipation of future threat [...] associated with muscle tension and vigilance in preparation for future danger and cautious or avoidant behaviours’ (American Psychiatric Association, 2013, p. 189). This is considered to be a normal response when faced with danger and is required for survival (Barlow, 2004; Dean, 2016). However, when the anxiety or fear is extreme, disproportionate and/or persistent beyond what is considered as developmentally appropriate, a person is likely to be diagnosed with an anxiety disorder (American Psychiatric Association, 2013). There are a number of anxiety disorders that are listed in the DSM V (American Psychiatric Association, 2013). In this study I will be referring to anxiety and anxiety disorders generally; hence, such terms will comprise all the symptoms and specific disorders.

Two common types of responses to anxiety are avoidance and panic attacks (American Psychiatric Association, 2013). Avoidance of anxiety provoking situations is typical of a person experiencing anxiety and is a coping mechanism (Craske & Stein, 2016; Davila & Starr, 2012; Swartz, 2007). On the other hand, panic attacks

are gushes of extreme fear or discomfort that peak up suddenly and are accompanied by physical and/or cognitive symptoms (American Psychiatric Association, 2013; Tompkins, 2010).

People experiencing anxiety also tend to struggle with an inexorable mind that is constantly thinking and worrying, sometimes without having an identifiable cause. The aforementioned symptoms and responses to anxiety leave the person feeling tired, irritable, unable to concentrate, and experiencing difficulty with sleep (Dean, 2016; Groberman, 2017; Penman & Williams, 2011b).

I decided to focus my research on anxiety for two reasons, firstly due to my personal experience, and secondly because a considerable number of people experience anxiety at some point in their life. In fact, anxiety disorders are the most common psychiatric disorders across the lifespan (Craske & Stein, 2016; Reynolds & Shear, 1996), with women being twice as likely to experience anxiety and anxiety disorders as men (American Psychiatric Association, 2013; Craske & Stein, 2016; Dean, 2016). Since it is so prevalent, I feel that focusing my research study on anxiety and exploring what would be beneficial in such circumstances was of utmost importance, both for the general public and for professionals who work closely with people experiencing such symptoms.

Research shows that the development and maintenance of anxiety and anxiety disorders has been attributable to a number of variables that involve the child and/or the parent (Farrell, Waters, & Zimmer-Gembeck, 2012). Firstly, anxiety disorders are hereditary; hence, a person could be genetically predisposed (Hettema, Kendler, & Neale, 2001; Johnson & Kring, 2012). Secondly, childhood adversity has been found to be associated to the development of anxiety disorders (Abelson, Curtis, Nesse, & Young, 1997; Craske & Stein, 2016). Thirdly, child characteristics such as temperament, gender, puberty and cognitive biases that interpret ambiguous situations as threatening, have been found to be linked to the development and maintenance of anxiety (Farrell et al., 2012; Johnson & Kring, 2012). Fourthly, a mother's anxious parenting and overprotection also seem to be linked (Craske & Stein, 2016; Farrell et al., 2012). Last but not least, a low socioeconomic status increases the risk of developing anxiety or anxiety disorders (Craske & Stein, 2016).

The onset of anxiety and anxiety disorders generally happens during childhood, adolescence or early adulthood; significantly affecting the quality of life at all ages (Craske & Stein, 2016; Delgado & Moreno, 2000; Rapee, 2015; Reynolds

& Shear, 1996). Research shows that in young people anxiety tends to impact family relationships, peer relationships, educational achievement, and personal well-being (Alaatin, Angol, Costello, Ezpeleta, & Keeler, 2001; Rapee, 2015; Swartz, 2007). In adulthood, anxiety has been found to have an effect particularly on one's physical health and social functioning (Reynolds & Shear, 1996). Additionally, opportunities might be lost due to avoidant behaviour (Craske & Stein, 2016). A person's quality of life is even further affected when anxiety disorders co-occur. Research shows that co-occurrence is a frequent tendency (Chiu, Demler, Kessler, & Walters, 2005).

Recognition of persons who are at risk for developing anxiety disorders is essential. Such awareness aids intervention at an early stage and therefore increases the possibility of more effective treatment (Craske & Stein, 2016). Anxiety tends to persist chronically if not treated (Craske & Stein, 2016). The most effective psychological treatment has been found to be Cognitive Behaviour Therapy (CBT) and MBT (Craske & Stein, 2016). In the next section I explore the concept of mindfulness and how it is being utilised with respect to anxiety.

Mindfulness

[m]indfulness is moment-to-moment awareness. It is cultivated by purposefully paying attention to things we ordinarily never give a moment's thought to. It is a systematic approach to developing new kinds of control and wisdom in our lives based on our inner capacities for relaxation, paying attention, awareness, and insight (Kabat-Zinn, 1990, p.2).

I felt it appropriate to begin this section with a quote by Jon Kabat-Zinn considering that he is the pioneer of mindfulness as a means of treatment in the Western world (Allen et al., 2006; Brown et al., 2013). He has international reputation and has strongly influenced the work of Segal, Teasdale and Williams (2007), and Penman and Williams (2011b), among many others.

The notion of mindfulness dates back many years and originated in many contemplative, cultural and philosophical traditions such as Buddhism (Allen et al., 2006; Hofmann, et al., 2010). The practice of mindfulness has been implemented in

the Western world without any terminology or philosophical, religious or cultural traditions (Allen et al., 2006; Kabat-Zinn J., 2000; Murphy, 2016).

The main aim of mindfulness is to create awareness. Being mindful means focusing on and becoming aware of things in the present moment, and accepting them as they are rather than as we want them to be (Abbey et al., 2004; Allen et al., 2006; Feldman & Hayes, 2004; Kabat-Zinn, 2012; Kabat-Zinn et al., 2007; Wright, 2016). It focuses especially on paying attention to the things in life that we ignore and take for granted, such as our feelings, experiences and perceptions, amongst others (Kabat-Zinn et al., 2007). Meditation cultivates mindfulness practice. The aim of meditation is to aid a person to become aware of when the mind drifts off, observe with curiosity where to it has drifted, and be able to bring the attention back non-judgementally to the present moment (Abbey et al., 2004; Allen et al., 2006; Brown & Ryan, 2003; Feldman & Hayes, 2004; Williams, 2011). This benefits a person who is experiencing anxiety, as it is contradictory to being caught up in ruminative thinking about possible future events. 'It may be an important element in altering habitual patterns of worrisome responding' (Orsillo & Roemer, 2002, p. 61).

When a person is anxious the mind is restless and burdened with thoughts (Davila & Starr, 2012). This state of mind restricts one from savouring the present. When we are not aware or paying attention the mind tends to slip into 'default mode' (Hassed, 2013). This mode may be characterised by worrying about possible future events, harsh self-talk, and catastrophising. This makes one vulnerable to sad moods and increases the probability that anxiety will ensue, persist or return. It has also been found that these situations cause our brain and DNA to age at a faster rate (Hassed, 2013; Kabat-Zinn, 2012; Kabat-Zinn et al., 2007; Penman & Williams, 2011b; Davila & Starr, 2012).

Focusing on the breath helps the person to remain in the present moment, and hence be able to notice when thoughts, feelings, and sensations arise. Mindfulness is not about thought suppression but rather about becoming aware of such thoughts, acknowledging them, and directing the attention back to the breath. This prevents further elaboration and consequently rumination (Abbey et al., 2004; Feldman & Hayes, 2004). The practice aids the person to develop a distant rapport with one's internal and external experiences and to lessen one's reactions towards particular emotions. However, if there are enhanced emotional reactions, it helps the person return back to baseline (Abbey et al., 2004; Feldman & Hayes, 2004). One will also become capable of recognising at an early stage the onset of an

increased anxious state or a panic attack, and be able to prevent it from becoming excessive (Kabat-Zinn et. al., 2007; Penman & Williams, 2011b).

Mindfulness practice teaches the person ‘...to become more patient and compassionate with ourselves and to cultivate open-mindedness and gentle persistence’ (Penman & Williams, 2011b, p. 12). Unlike rumination and harsh self-talk, mindfulness is non-judgemental and helps one to understand and accept oneself. This keeps at bay attempts to become someone they are not so as to feel better (Abbey et al., 2004; Allen et al., 2006; D. Caruana, 2015; Fulton, 2005; Wallace, 2001). Self-critical thoughts are very powerful and difficult to stop. One harsh thought tends to trigger another and another (Penman & Williams, 2011b). It is an entrapping vicious cycle which occurs so automatically that one does not even realise it is happening (Kabat-Zinn et al., 2007; Penman & Williams, 2011b). Mindfulness attempts to free the person from the vicious cycle by learning to stay in the present and by starting to perceive one’s thoughts as just thoughts that fly by like clouds, and not as facts (Kabat-Zinn et. al., 2007; Orsillo & Roemer, 2002; Penman & Williams, 2011b).

Learning to stay in the moment also aids to decrease one’s automatic pilot mode (Allen et al., 2006; D. Caruana, 2015; Kabat-Zinn et. al., 2007; Penman & Williams, 2011b; Orsillo & Roemer, 2002). If one stops to reflect about our daily functions, it is very likely that we realise that many of the things we do are done automatically without knowing. This tends to happen to many of us as we get entrapped in our thoughts. Focusing on the present reduces automaticity and increases awareness of what is happening in the here-and-now.

The aim of mindfulness is achieved by activating the being mode, as opposed to the doing mode which many tend to engage in to function daily (Kabat-Zinn et. al., 2007; Pedulla, 2017; Penman & Williams, 2011b). By developing the being mode one would be able to start living in the present moment and experience things as they are (Kabat-Zinn et. al., 2007; Penman & Williams, 2011b). Through mindfulness practice one would become capable of deciphering which mode is more ideal in a particular situation and switch accordingly (Kabat-Zinn et. al., 2007; Penman & Williams, 2011b). The doing mode is beneficial in situations where one is attempting to reach external goals. On the other hand, it is harmful when one tries to solve internal issues such as depression and anxiety in this mode (Pedulla, 2017).

It is very natural and human to experience emotional fluctuations and at times feel a little sad, stressed out and/or irritable (Penman & Williams, 2011b). It is the

way a person reacts to such moods that determines whether one will experience long-term unhappiness, anxiety and/or depression (Penman & Williams, 2011b). As humans we have a tendency to want to solve our problems. Consequently, we tend to struggle to free ourselves from and to resolve such periods of anxiety or sadness (Kabat-Zinn et al., 2007; Pedulla, 2017; Penman & Williams, 2011b). However, feelings are not problems that can be solved but can only be felt. We tend to waste a lot of our mental and physical energy in the doing mode to try to explain and fix feelings and to bring ourselves to an ideal (Penman & Williams, 2011b). This generally makes things worse (Kabat-Zinn et al., 2007; Pedulla, 2017; Penman & Williams, 2011b). As Penman and Williams (2011b, p. 8) point out '...the more you struggle to be free, the deeper you sink'. Once a person is able to develop the skill of acceptance and let go of the tendency to explain feelings or push them away, they are much more likely to disappear (Penman & Williams, 2011b). Whilst one cannot stop bouts of unhappiness, self-judgement or thoughts, one can control what happens next (Kabat-Zinn et al., 2007; Penman & Williams, 2011b).

Mindfulness as a Therapeutic Approach

Mindfulness as a therapeutic approach was first introduced by Jon Kabat-Zinn as an eight week course presently known as the MBSR Programme (Kabat-Zinn, 1990). It was established as a means of dealing with stress, pain and illness. This therapeutic approach was developed on the notion that '...mental and emotional factors, the ways in which we think and behave, can have a significant effect, for better or worse, on our physical health and on our capacity to recover from illness and injury' (Kabat-Zinn, 1990, p.1).

Dr. Kabat Zinn introduced the idea of mind/body interactions for healing in Massachusetts in 1979, which was something totally new in the medical sector at the time. The MBSR Programme was found to be successful as it empowered patients with chronic illnesses and very difficult conditions, as well as people experiencing psychological difficulties (Kabat-Zinn et al., 2007). Improvements could be noticed in the way people felt, thought and behaved. MBSR also affected brain activity associated with negative emotions. This brought about an interest among Zindel Segal, Mark Williams, and John Teasdale who started to develop a meditative approach as a preventative tool for depression and its cycles (Arendt, Fink, Fjorback, Ornbol & Walach, 2011; Kabat-Zinn et al., 2007). They were later joined by Jon Kabat-Zinn, and together they developed an eight week programme

known as MBCT (Kabat-Zinn et al., 2007). Mark Williams together with Danny Penman later wrote a book to demonstrate how this programme can also be beneficial for people experiencing stress, anxiety and anxiety disorders (Penman & Williams, 2011b).

In Malta, mindfulness is a very new concept and is still being introduced gradually. It appears that there is only one centre locally that focuses specifically on mindfulness and which offers MBCT programmes, mindfulness courses, and individual therapy making use of the mindfulness approach. There is also a therapist based in Malta who provides courses and training so as to incorporate mindfulness in the educational system. I am also aware of a number of therapists working locally who are engaging in aspects of mindfulness and who work with clients individually or in groups.

MBCT

MBCT is a programme originally aimed at reducing the chance of relapse in depression (Bates, Dooley, Kingston, Lawlor, & Malone, 2007; Pedulla, 2017). It was later also utilised for other issues including stress, anxiety and unhappiness (Penman & Williams, 2011b). This programme consists of eight weekly classes plus an all-day session held at around the sixth week. It involves weekly tasks and meditation practices all targeted at reaching the previously mentioned aims of mindfulness. The programme is purposely structured to cover different aspects weekly (Penman & Williams, 2011b). The MBCT programme is based on meditation techniques in conjunction with techniques from Cognitive Therapy (CT), and teaches and trains clients in mindfulness skills (Bates et al., 2007).

It is very important for the participants to practice meditation frequently so as to feel the full benefits (Kabat-Zinn et al., 2007; Pedulla, 2017; Penman & Williams, 2011b). In this regard, a set of guided meditations accompany the programme so that participants can practice at home on a daily basis throughout the duration of the course (Mindfulness Based Cognitive Therapy, 2017; Pedulla, 2017). Practicing at home and regularly is important so as to incorporate mindfulness in everyday life (Pedulla, 2017). This would give the person the skills to cope better with anxiety if it arises (Pedulla, 2017).

This programme can also be beneficial to people who have never experienced depression or anxiety. In this case, this therapy serves as a means of prevention, increasing awareness and self-acceptance, and/or a coping mechanism

in difficult times (Kabat-Zinn et al., 2007; Penman & Williams, 2011b). There is no need to attend for this specific programme to engage in MBCT. One can instead ask a trained therapist to incorporate aspects of the programme in their individual therapy or engage in MBCT on his/her own by referring to 'The Mindful Way Workbook' (Segal, Teasdale and Williams, 2014).

Benefits of Mindfulness

MBCT is becoming an increasingly popular therapy for anxiety disorders and depression as it has demonstrated a number of benefits (Hofmann et al., 2010). It has been found to reduce the risk of relapse of a depressive episode by 50%. With regards to anxiety, MBCT has been found to be successful across a wide range of severities, even when anxiety symptoms are the result of other disorders (Evans et al., 2008; Hofmann et al., 2010). Physical and psychological symptoms of anxiety have been found to subside when engaging in mindfulness practice (Evans et al., 2008; Hofmann et al., 2010; Penman & Williams, 2011b). Similar benefits were also indicated in research conducted locally by W. Caruana (2015); W. A. Caruana (2015); Chetcuti (2016); and Zammit Cutajar (2013).

Antidepressants and SSRIs have been prescribed by doctors and psychiatrist for depression and anxiety for many years (Bystritsky, Cameron, Khalsa, & Schiffman, 2013; Kabat-Zinn et al., 2007; Penman, & Williams, 2011b). Research shows that prescribed medication on its own was effective as long as the person kept taking it. Once the medication is stopped, there is the probability that the individual will experience a relapse (Kabat-Zinn et al., 2007; Penman & Williams, 2011a; Penman, & Williams, 2011b). This is what motivated John Kabat-Zinn, Zindel Segal, John Teasdale and Mark Williams in the early 1990s to work on a programme that would minimise the chances of such relapses (Kabat-Zinn et al., 2007). Since MBCT has been found to reduce the possibility of a recurrent depressive episode by half, it transpires to be as effective as medication with the added advantage of eliminating the risks of side-effects (Bieling, 2011; Penman & Williams, 2011a; Penman & Williams, 2011b). There is little information regarding the effectiveness of mindfulness when compared to medication in cases of anxiety.

Mindfulness has been found to bring about a number of other benefits. The main benefits include more positive emotions and consequently a greater life expectancy (Drukker, Geschwind, Peters, Os, & Wichers, 2011; Flinders, Oman, Plante, Shapiro, & Thorsen, 2008; Fredrickson & Joiner, 2002), an enhanced quality

of life and well-being (Boyce, 2011; W. A. Caruana, 2015; Fournier, Khoury, Rush, & Sharma, 2015), healthier and more satisfying relationships (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007; Dekeyser, Raes, Leijssen, Leysen, & Dewulf, 2008; Evans & Finlay, 2009; Wachs & Cordova, 2007), an improved sense of self (Smith, 2002), a better immune system and a healthier life (Bonus et al., 2003), and better moods (Coffey, Cohn, Finkel, Fredrickson, & Pek, 2008). Such benefits have been mentioned in both local and foreign research.

These mentioned effects of mindfulness are secondary effects that are brought about as a result of being mindful, as the practice itself is not goal-oriented (Allen et al., 2006). For example, even though it is likely that mindfulness leads to relaxation, it is not primarily a relaxation exercise. The results are then brought about as a consequence of attaining a mindful state (Allen et al., 2006). Mindfulness has also been found to be beneficial for many other difficulties and disorders which include Attention Deficit Hyperactivity Disorder (Ducharme, Haydicky, Shecter, & Wiener, 2015), Post-Traumatic Stress Disorder (Erickson, et al., 2013), Parkinson's disease (Fitzpatrick, Simpson, & Smith, 2010), and aggression (Faramarzi, Rajabi, & Valadbaygi, 2014).

Mindfulness has been utilised in a variety of settings and brought about positive results. Examples of settings in which this practice has been adopted overseas are the education and prison settings (Biegel et al., 2012; Bratt, Carmody, Kabat-Zinn, & Samuelson, 2007; Broderick & Metz, 2009). In the educational setting continuous mindfulness practice seemed to improve attention, enhance self-regulation and increase flexibility (Biegel et al., 2012). In the prison setting there was an improvement in self-esteem, reduced hostility and mood disturbance (Bratt et al., 2007). In Malta, as mentioned, mindfulness in educational settings is being introduced by means of courses and training.

Local and overseas research has proved that mindfulness is also beneficial to employees in a variety of settings. It has been found to increase job and life satisfaction, and reduce stress and the chances of burn-out. The employer also stands to gain as a result of these benefits in view of improved work efficacy and enhanced job performance, among others (Biegel et al., 2012; Brummel & Dane, 2013; W. A. Caruana, 2015; Good & Lyddy, 2016; Karayolas, Mackenzie, Poulin, & Soloway, 2008; Mackenzie, Poulin, & Seidman-Carlson, 2006).

Mindfulness in Counselling

Mindfulness techniques are already being included in individual therapy, and research shows that they are beneficial (Biegel, Brown, & Shapiro, 2007; Cigolla & Brown, 2011; Davis & Hayes, 2011; Gerler & Schwarze, 2015; Horst, Newsom, & Stith, 2013). Both clients and therapists might feel somewhat apprehensive or sceptical considering that it is a rather new technique (Horst et al., 2013). I hope that this research will bring about further understanding of the benefits of such an approach in counselling, and promote it further as a counselling tool, particularly for anxiety (Berglund et al., 2005; Kabat-Zinn et al., 2007).

'[r]esearch suggests that counselors' own personal practice of mindfulness benefits their clients, even when their clients are not themselves practicing mindfulness and are unaware that their counselor is' (Brown et al., 2013, p. 96). Mindfulness is nowadays also being developed as a tool for enhancing both therapeutic efficacy and therapist self-care (Christopher, Christopher, & Schure, 2008; Shapiro & Carlson, 2009). In a research done by Horst et al. (2013) many of the clients and therapists reported that practicing mindfulness in the individual sessions brought about a sense of calmness, eased conversation, slowed down the pace of the sessions, and was helpful to bring about the desired changes.

May and O'Donovan (2007) explored the benefits of engaging in mindful meditation amongst already practicing therapists. The results of their study indicate that higher levels of mindful awareness and a non-judgmental attitude are associated with heightened physical and mental wellbeing, greater work satisfaction and lower experiences of burnout. Research carried out by John Chambers Christopher and Judy A. Maris (2010) showed that mindfulness training was also beneficial for counselling and psychotherapy trainees, particularly towards their physical and psychological well-being. Furthermore, results indicated considerable positive effects towards their profession, particularly on their counselling skills and therapeutic relationships (Christopher et al., 2008). Incorporating mindfulness programmes in training courses can also serve as a means of teaching trainees to integrate mindfulness in their profession as a means of avoiding burnout, compassion fatigue, and vicarious traumatisation (Christopher & Maris, 2010).

I have used mindfulness techniques to deal with my anxiety by means of yoga, self-help books and videos. Such techniques were also used with my clients,

particularly with two who were diagnosed with an eating disorder. Through mindfulness techniques I attempted to help them manage their anxiety more effectively. Mindfulness was used both during the sessions in the form of breathing exercises and meditation exercises, and also as home work by means of body scans, sensory awareness exercises and body relaxation. One particular client, who was engaging in such exercises regularly, remarked that they were proving to be very effective and were helping her to relieve anxiety symptoms. On the other hand, the other client did not invest enough time and effort, and stated that she was not experiencing any positive effects. As already mentioned, in order to experience the full effects of mindfulness, an individual must practice regularly, ideally daily (Kabat-Zinn et al., 2007; Penman & Williams, 2011b). In these circumstances, one must also consider the possibility that such techniques were not effective for this particular client.

Critique of MBCT

One criticism of MBCT is that Jon Kabat-Zinn took a particular practice from other religions and eliminated their religious, historical, cultural, communal and moral aspects so that it fits in the Western world (Hickey, 2010; Sun, 2014). Cohen (2010) argued that ideals such as awakening and liberation, which are so crucial to the Buddhist tradition, have been compromised. In view of this, he refers to mindfulness and MBCT as the psychologised version of Buddhism. 'Mindfulness is transformed from a cultivation practice that leads to full awakening, in the original Buddhist sense, into yet another coping mechanism for dealing with the stresses of modern life' (Cohen, 2010, p. 111). This undoubtedly resulted in losing the richness of the traditional practise and in turn taints the full experience of mindfulness.

Nowadays the words 'spirituality' and 'mindfulness' are considered as fashionable and modern buzz words that are used in a money-spinning market (Stanley, 2012; Sun, 2014). This is definitely not what traditional Buddhism is about. Its richness has also been lost since researchers have sought to define and quantify mindfulness by means of psychometric scales (Stanley, 2012). The various existing definitions do not incorporate all aspects of mindfulness since the Buddhist tradition also includes morality and living a good life (Stanley, 2012). As a result, 'Happiness may be seen as a right or inherent good. We can 'get happy' simply by meditating on our breath, rather than living an ethically responsive life' (Stanley, 2012, p. 635).

One also needs to keep in mind that Mark Williams' work was primarily in CT, and even though he has embraced the spiritual dimension of mindfulness, he is fundamentally a cognitive psychologist. In fact, the programme he developed along with his colleagues is CT. There are many aspects of CT that I regard as very important, particularly with clients who are experiencing anxiety. However, in my opinion, there are other aspects that are limitations. Examples of such limitations are the lack of importance given to the client-therapist relationship, lack of consideration of one's past and a confrontational stance (Corey, 2013).

Since a large part of the learning in an MBCT programme happens while doing homework, one must be willing and committed to practice at home for around an hour a day (Pedulla, 2017). People with a busy lifestyle might find it difficult to fit in an hour of meditation daily, and I believe that they could be put off. However, the book by Penman and Williams (2007) describes a number of experiences of people who underwent the MBCT programme and remarked that once they started to practice meditation daily, it gradually became part of their routine.

One reason why MBCT has become so popular and so widely used in mental health care is because it is less expensive than one-to-one CBT since it is a group course (Stanley, 2012). Having said this, engaging in mindfulness privately is still expensive; therefore, it is only accessible to people from a particular socio-economic class who can afford the expense (Hickey, 2010).

Does Mindfulness Work with Everyone?

Some people may find that mindfulness does not work for them for a variety of reasons. Firstly, the person might not be understanding how mindfulness works and as a result gets frustrated (Penman & Williams, 2011). Mindfulness practice does not make a person's problems disappear, but helps one deal with them effectively when they arise (Hannay, 2015). Secondly, people need to know and understand that mindfulness will not always make one feel good as sometimes it causes an upheaval of emotions (Hannay, 2015). Thirdly, a person might be practicing mindfulness without realising it. This can happen even whilst believing that one is not mindful (Hannay, 2015). Fourthly, a person must be committed and ready to practice in order to feel the benefits of mindfulness (Allen et al., 2006; Kabat-Zinn et al., 2007; Penman & Williams, 2011b). There seem to be a number of factors that influence a person's commitment to mindfulness such as; initial experiences of the practice, individual characteristics, personal and interpersonal

difficulties happening at the time, and severity of the anxiety or anxiety disorder (Finucane & Mercer, 2006).

One must be very cautious when using mindfulness techniques, particularly in acute phases of certain disorders (Feldman & Hayes, 2004). People who are experiencing intense and frightening emotions might find it very difficult or harmful to sit with and look at their emotions (Feldman & Hayes, 2004). One must ensure that the person would be able to handle such emotions and has the skills to deal with them. If this is not the case, the person should be prepared and taught such skills prior to engaging in mindfulness (Feldman & Hayes, 2004).

A Review of Research

Whether the participant has been diagnosed with an anxiety disorder or is experiencing characteristics of the disorder is beyond the scope of this dissertation considering that the focus is on the participants' experience. It appears that the majority of the literature dealing with anxiety tends to pathologise, whereas I was more interested in the biopsychosocial aspect of anxiety. As a result, much of the information found did not fit the context of my research.

Two books which exerted a massive impact on me and inspired my study were 'The Mindful Way Through Depression' by Kabat-Zinn et al. (2007) and 'Mindfulness: A Practical Guide to Finding Peace in a Frantic World' by Penman and Williams (2011b). However, when working on my dissertation, I did not feel that it actually contained concrete information about anxiety like Kabat-Zinn et al.'s book gave about depression. When searching for literature, I also found more resources about mindfulness related to depression rather than anxiety.

There are a number of research studies whereby MBCT was examined with regards to various disorders and difficulties, some of which were mentioned earlier. The majority of the research indicates that MBCT has positive results on mental health, well-being, and physical health. It appears that the studies showing no findings of significant improvement in people engaging in mindfulness have a number of limitations, such as, a small sample size, premature results and/or faults in the research (Evans et al., 2008; Hofmann et al., 2010; Crane et al., 2015; among others).

Baer (2003), Hofmann et al. (2010) and Nguyen and Toneatto (2007) conducted a meta-analytic review to investigate the effect of MBT on anxiety and depression. After thorough investigation of the literature, Baer (2003) and Hofmann

et al. (2010) concluded that MBT improves symptoms of anxiety across a wide range of severities. On the other hand, Nguyen and Toneatto (2007) found no evidence of the efficacy of mindfulness. Any research that showed improvements in symptoms in this meta-analysis was inconclusive since there were no controls. However, the research conducted by Hofmann et al. (2010) is more recent and follows many other studies, making it a more reliable meta-analysis.

Some local research studies which I referred to were those conducted by D. Caruana (2015), W. A. Caruana (2015), Chetcuti (2016) and Zammit Cutajar (2013). I have to mention that I found numerous studies regarding mindfulness that were conducted abroad, but came across very little local research. I believe that matters with regards to this approach are progressing somewhat slowly in Malta. Mindfulness and meditation have been introduced recently and I feel that there is still some scepticism and hesitation. In my opinion, we are much more inclined towards medication as a culture (Caruana, 2013); hence, such alternative treatments tend to take longer to gain popularity. I hope that my dissertation will bring about more awareness and understanding of such an approach amongst professionals and the general population.

Conclusion

This chapter presented a discussion on the literature and research studies done with regards to anxiety and mindfulness, delving into how mindfulness has been developed as a therapeutic approach in the Western world. A critical stance was also taken towards mindfulness and MBCT.

The next chapter will present the key aims of the research study along with the theoretical underpinnings of the chosen methodology. It will also explore the research process in detail.

Methodology

Introduction

This chapter starts off with presenting my epistemological position. This is followed by an illustration of the rationale behind the methodology implemented and the underpinnings thereof, together with a thorough overview of the research process. Details are also given regarding the selection of participants, data collection, data analysis and the ethical measures adopted. This chapter also portrays how a reflexive stance was maintained throughout, as well as how trustworthiness was ensured in order to sustain a good qualitative research.

My Epistemological Position

Epistemology ‘...involves thinking about the nature of knowledge itself, about its scope and about the validity and reliability of claims to knowledge’ (Willig, 2013, p. 39-40). There have been a variety of beliefs about how people gain knowledge. On one end of the spectrum one finds the positivist approach, which claims that there is a simple and straightforward relationship between the world and people’s perception of it (Langdrige, 2004; Willig, 2013). Positivists believe that one’s interpretation of events and people is objective, unbiased and unaffected by preconceptions (Langdrige, 2004; Willig 2003). On the other end of the spectrum there is the social constructionist approach, which is a contemporary approach to studying human beings (Burr, 2015; Langdrige, 2004). The social constructionist approach argues that the way an individual perceives the world and develops certain concepts are historically and culturally specific, in that, it is affected by when and where in the world one lives (Burr, 2015; Langdrige, 2004; Willig, 2013).

My personal epistemological position inclines towards the social constructionist worldview for reasons given hereunder. To begin with, I am interested in exploring personal and subjective experiences with regards to mindfulness and anxiety. This is in line with the socially constructed perspective, which is concerned with comprehending the diverse ways in which people construct their reality (Langdrige, 2004). Furthermore, this approach recognises that the knowledge gathered is based on the participants’ perceptions of the world which are affected by their history and context. Even though certain phenomena, such as anxiety, might be shared by numerous people, individuals experience and perceive them differently. Moreover, my research is predominantly based on language, since the information gathered was via interviews. This is in line with the social

constructionist approach for which language is a core component (Willig, 2013). Lastly, this approach is very relevant to counselling research as it reflects a trend that made for a shift from reality being construed as objective and universal, to an understanding of reality as being subjective and rooted in a particular context (Catania, 2014).

My epistemological position has been instrumental in the choice of my research methodology, and also the methods and techniques that I have chosen to employ in this study to gather knowledge. All of these will be presented hereunder.

Qualitative Research

‘Qualitative research is an approach to scientific inquiry that allows researchers to explore human experiences in personal and social contexts, and gain greater understanding of the factors influencing these experiences’ (Gelling, 2015, p. 43).

I opted for a qualitative research approach as it fits perfectly with the aims of the research study. To begin with, this approach strives to understand in depth what it is like to experience a particular phenomenon (Willig, 2013). In this regard, I focused on how mindfulness has helped with anxiety. Furthermore, qualitative research focuses on the qualities of the particular phenomenon and not on its quantification, which is what I am after (Langdrige, 2004; Willig, 2013). Additionally, this approach puts emphasis on the subjective meanings of the phenomenon rather than on the phenomenon itself. Therefore, the focus is on the personal experience of anxiety and mindfulness, and how the participant makes sense of it (Langdrige, 2004; Willig, 2013). Lastly, qualitative research rejects the scientific approach and does not focus on testing a hypothesis and on making general predictions about the world (Langdrige, 2004). All these factors render the qualitative approach ideal for this research. The qualitative methodology utilised to gather this knowledge and analyse data is IPA.

The IPA Approach

‘[d]ifferent people perceive the world in very different ways, dependent on their personalities, prior life experiences and motivations’ (Osborn & Smith, 2004, p. 229). IPA ‘...attempts to explore/understand/make sense of the subjective meanings of events/experiences/states of the individual participants themselves’

(Osborn & Smith, 2004, p. 229). The philosophical underpinnings of IPA methodology are phenomenology, hermeneutics and idiography (Shinebourne, 2011).

IPA is strongly influenced by phenomenology, which was developed by Edmund Husserl in the early twentieth century (Willig, 2013). Husserl came up with a number of steps that would aid the philosopher in bringing out the 'essences' of a particular phenomenon that make it unique (Willig, 2013, p. 253). This is often referred to as Transcendental Phenomenology.

Indeed, nowadays phenomenological research incorporates a spectrum of approaches, ranging from descriptive (transcendental) phenomenology to interpretative (hermeneutic) phenomenology (Finlay, 2009). Interpretative phenomenology was developed by Heidegger, moving away from a philosophical discipline which focuses solely on descriptions of a particular phenomenon towards elaborating existential and hermeneutic (interpretive) dimensions (Finlay, 2009). Whilst phenomenology was originally developed as a philosophical system of thought, its methodology attracted researchers in the social sciences, particularly in psychology (Willig, 2013).

This form of IPA methodology was developed by Jonathan A. Smith, Professor of Psychology at Birkbeck University of London (Flowers et al., 2009; Willig, 2013). It aims to understand the world from the participants' perspective, yet also recognises that this cannot take place without some interpretation by the researchers (Osborn & Smith, 2004). Interpretative phenomenology acknowledges that researchers can never be separated from their context, knowledge and experiences, which have great impact on participant meanings (Kafle, 2011). This interpretative aspect is referred to as hermeneutic and explains the reason why the term 'interpretative' is used as part of the nomenclature of the research method (Osborn & Smith, 2004). The data analysis in IPA is often described as *double hermeneutic* as the researchers also make an interpretation of the way the participants interpret their world (Pietkiewicz & Smith, 2012).

Nevertheless, IPA still attempts to keep some of the core tenets of phenomenology. *Epoché* 'is a radical self-meditative process whereby the philosopher brackets (puts aside) the natural, taken-for-granted everyday world and any interpretations in order to let the phenomenon show itself in its essence' (Finlay, 2014, p. 122). Interpretative Phenomenological researchers recognise this, and thus attempt to bracket prejudices as much as possible so as not to impose on the

participant their way of seeing the world (Langdridge, 2004; Osborn & Smith, 2003; Pietkiewicz & Smith, 2012).

As mentioned, IPA studies aim to evaluate individual and subjective experiences (Osborn & Smith, 2004). A study of a particular situation or event is referred to as idiographic (Clifton, Larkin, & Watts, 2006). IPA focuses heavily on idiosyncratic meanings. A researcher would seek to draw out individual participant voices, whilst also tentatively proposing common themes among participants (Willig, 2013). In fact, as a result of such idiographic approaches, a researcher must be very cautious about generalising results (Osborn & Smith, 2004).

IPA is somewhat different to other research approaches as the matters of interest are cognitive and emotional factors of experience (Osborn & Smith, 2004). The researcher goes beyond what the person is saying to try to discover what one is thinking and feeling about the experience that they would be recounting (Willig, 2013).

Steps in IPA Methodology

The steps in IPA methodology are the following (Pietkiewicz & Smith, 2012):

1. Formulating the research question

At the outset, I put together the following research question: *How can mindfulness mitigate anxiety? The journey of adults in Malta seeking relief from their inexorable mind.* After that, I chose the methodology that I believed was the most ideal, which as mentioned was IPA (Pietkiewicz & Smith, 2012).

After considerable reflection I decided to interview people falling within a wide age bracket, as this presented me with the opportunity to explore the experience of anxiety and mindfulness from the perspective of people across various life stages. This made the sample and the information collected more diverse and possibly richer. As a consequence, data analysis may prove to be somewhat harder, particularly when attempting to draw out common themes. The homogenous aspect that is recommended by IPA (Osborn & Smith, 2003) was achieved through the participants' experience of anxiety and resorting to mindfulness practices as an attempt to cope.

2. Sampling

Criteria for participation in the research included adults who experience anxiety and followed a mindfulness programme, engaged in a mindfulness approach or attended therapy with a professional who adopted such techniques to manage their anxiety.

Eight participants were recruited with the help of four gatekeepers in order to ensure an opt-in and informed decision-making procedure (Seidman, 2006). A small pool of participants is typical in IPA since analysis is very thorough (Pietkiewicz & Smith, 2012). 'IPA researchers should concentrate more on the depth, rather than breadth of the study' (Pietkiewicz & Smith, 2012, p. 364). Since the sample size was small, one cannot think of it as random sampling or as it being a representative one, but is an exploration of those particular and unique experiences (Pietkiewicz & Smith, 2012).

Participants needed to give their consent in order to be interviewed; hence, there was an element of self-selection (Seidman, 2006). The gatekeepers disseminated an email to eligible participants which included an information letter and consent form so as to ensure that an informed decision is taken. Subsequently, the ones who were interested corresponded with me personally and further information was given when required. My sample comprised of three males and five females of varying ages.

3. Collecting data

The research tool that I utilised for this study were interviews. I opted for this method of data collection since 'Qualitative interviewing is a flexible and powerful tool to capture the voices and the ways people make meaning of their experience' (Rabionet, 2011, p. 563).

The aims of IPA research are best achieved by means of in-depth semi-structured interviews (Osborn & Smith, 2003; Willig, 2013). The questions asked were open-ended and non-directive, and were aimed at encouraging the participants to talk (Osborn & Smith, 2003; Willig, 2013). Focused and/or specific questions were only used when participants drifted away from the topic, or when there was a need for clarification or elaboration (Willig, 2013).

The interviewer needs to find the right balance between maintaining control of the interview and where it is going, and allowing the interviewee the space to redefine the topic under investigation and thus to generate novel insights for the researcher (Willig, 2013, p. 107).

Since the interviews were semi-structured, I made use of a guide that included the most important questions and topics for the research. Whilst the guide was not followed rigorously during the interview, it helped me to be more in control of the direction of the interview and at the same time allowing me an element of flexibility (Bradley & Harrell, 2009; Langdrige, 2004).

Semi-structured interviews can last between forty minutes to two hours. This depends on the topic and the participant's willingness to talk (Willig, 2013). With the foregoing in mind, I thought that one hour was ideal to collect the information required. The time frame was communicated to the participants prior to the interview (Willig, 2013). All interviews were audio-recorded with the participants' consent.

Qualitative research values the relationship that is established between the researcher and the participant (Evans & Finlay, 2009). This relationship is '...a reflection of the personalities of the participant and the interviewer and the ways they interact. The relationship is also a reflection of the purpose, structure, and method of in-depth interviewing' (Seidman, 2006, p. 95). Indeed, data that emerged from the interviews was affected by this relationship (Evans & Finlay, 2009; Seidman, 2006). I noticed a difference in the duration and depth of interviews with participants with whom I had the chance to talk to informally prior to starting the interview, and others with whom I started with interview formalities immediately. The latter seemed more resistant and did not open up as much.

A number of advantages and disadvantages of semi-structured interviews have been outlined (Langdrige, 2004; Seidman, 2006; Willig, 2013). An advantage of a semi-structured interview is that a certain element of structure is maintained; therefore, the researcher can ensure that the most important topics would be covered. This structure also allows latitude to analyse data later on in the process as it facilitates comparison (Langdrige, 2004). A further advantage is that such interviews do not constrain the researcher and participants to fixed questions and answers. This affords participants an opportunity to redefine the topic being

researched, and hence to generate unique insights and unanticipated data for the researcher (Langdridge, 2004; Willig, 2013).

As mentioned above, semi-structured interviews present a number of disadvantages. There is some loss of flexibility when compared to unstructured interviews. This structure makes the interview less natural and is affected by the researcher's planned direction (Langdridge, 2004). Moreover, the way the questions are worded may reduce from the richness. The researcher must be aware that the quality of the questions and the wording impacts the information received and the relationship formed (Langdridge, 2004, Willig, 2013). Additionally, the way the data gathered is later coded may be somewhat biased and subjective as a result of the researcher's identity and culture (Langdridge, 2004; Willig, 2013). Another disadvantage is that interviews are deemed to be time-consuming, and to take up a lot of energy and thought (Seidman, 2006). It takes time to find the participants, conduct the interviews, transcribe them and analyse them.

The questions (Appendix I and J) that were used as a guide during the interview revolved around the following main themes:

- Participant's experience with anxiety prior to engaging in mindfulness
- Experience of mindfulness
- Participant's experience of anxiety after engaging in a mindfulness course or practices

4. Analysis of the qualitative material

'When you interpret qualitative data, you aim to develop an organized, detailed, plausible and transparent account of the meaning of the data' (Larkin & Thompson, 2012, p. 104). As soon as the interview was concluded, I dedicated some time for reflection so as to record the interview ambiance, noteworthy pauses, gestures, tone of voice and personal reactions. These reflections allowed me to bracket off my initial impressions and focus on the actual data at the first stages of analysis. The importance of reflexivity will be discussed in further detail in a later section.

All interviews were then transcribed personally after minimal time lapse (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2012; Willig, 2013). The transcripts were re-read several times so as to become increasingly familiar with the data, and all along jotting down anything that came to mind regarding the interview in the column that was purposely left blank by the side of the page (Osborn & Smith, 2003;

Willig, 2013). At this stage, the comments were widespread and included matters such as any associations or contradictions noted, questions, summaries, remarks on the use of language, pauses, descriptions, and so forth (Osborn & Smith, 2003; Willig, 2013). Such thorough line-by-line exploration and note-taking is referred to as coding (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2012; Willig, 2013).

The next stage involved collating such comments into emergent themes that brought together the most important features of the data. At this point, I started to use more psychological terminology without drifting away too far from what participants actually said (Osborn & Smith, 2003; Willig, 2013). When extracting themes, I kept in mind that phenomenological research seeks to explore the nature, quality and meaning of experience for the participants. Therefore, theme labels captured the experiential features of what was being described (Willig, 2013).

The subsequent phase first involved the listing of themes extracted from every individual transcript, and then comparing and linking them to the themes from the other interviews (Osborn & Smith, 2003; Willig, 2013). Some of the themes clustered together while others emerged as subordinate themes. It was ensured that the clusters made sense in relation to the original data and represented the experience of participants and interpretation of it (Osborn & Smith, 2003; Willig, 2013). The superordinate and subordinate themes were then presented in a table format, included in the next chapter.

5. Writing an IPA study

The final step of IPA is to formulate a more detailed review, which is presented in the findings and discussion chapter (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2012; Osborn & Smith, 2003). The aim of this account is to present the most significant aspects of the data, backed up by direct quotes from the interviews and linked to literature available. It also includes an exploration of any information that was contradictory (Larkin & Thompson, 2012; Osborn & Smith, 2003; Willig, 2013).

Critique of the Methodology

The reason for engaging in a phenomenological approach was to explore a particular phenomenon in depth and to obtain insight regarding what it was like to live that experience (Willig, 2013). As mentioned, this was achieved by means of

the participants' descriptions of the experience, which brings about many questions regarding reliability.

The data gathered from such research cannot be predictive and generalised, since it is very subjective. Whilst this is not a limitation if we consider that the aim of the study is to achieve depth of understanding, many psychologists contend that the data must do more than just describe one's experience for it to have an impact on society (Langdrige, 2004).

Furthermore, there was a great reliance on language since data was collected by means of semi-structured interviews. 'Here, language is the means by which participants (attempt to) communicate their experiences to the researcher' (Willig, 2013, p. 281). We get more information on *how* the participant speaks about the experience, rather than the experience itself (Willig, 2013).

Another factor which might be considered as a limitation is the fact that the focus of the methodology is on understanding *how* the participant is perceiving a particular phenomenon, and not on *why* such phenomenon is taking place (Willig, 2013). Furthermore, it does not explore why it is being experienced differently by different people (Willig, 2013).

Another element of this methodology which might be considered a drawback is that data collection and results are affected by the interviewer since he/she is part of the interviewing process (Seidman, 2006). An interview is a face-to-face encounter whereby the participant will be asked to talk about personal issues; therefore, the relationship between the interviewer and interviewee has substantial bearing on the data (Seidman, 2006). Moreover, the interviewers ask the questions, answer to the participants, and interpret, describe, and analyse the data. These factors influence the data collected and the results produced (Seidman, 2006). *Epoché* has been criticised by phenomenological critics as something that is impossible to achieve (Langdrige, 2004). Such critics argue that one cannot bracket off all prejudices and biases and be able to see the world solely from someone else's perspective. However, this is not the aim of IPA. Indeed, the researcher's own perspective is seen as adding depth to the inquiry.

Ethical Implications

'The qualitative research interview probes human existence in detail. It gives access to subjective experiences and allows researchers to describe intimate aspects of people's life worlds' (Brinkmann & Kvale, 2005, p. 157). This is what gives

qualitative research its richness; however, it is also what makes it such a delicate research. As a researcher, I ensured that an ethical framework was sustained at all stages of the research process. Basic ethical values of beneficence, non-maleficence, autonomy and fidelity were adhered to, so as to safeguard the well-being of the participants (McLeod, 2011).

Firstly, prior to starting my research, an ethics proposal was submitted and ethical clearance was granted from both FREC and UREC.

Secondly, it was ensured that the participants were adults who have undergone a mindfulness course and completed it, or have engaged in a mindfulness approach with a therapist or by themselves in the past. The reason for this was to reduce the likelihood that participants would be experiencing intense anxiety around the time of the interview, as it might have negative consequences.

Thirdly, it was taken into consideration that recounting personal experiences in depth might trigger a great deal of emotions (McLeod, 2011). In this regard, I attempted to create a safe environment for the participants, so as to facilitate containment of potentially powerful emotions. I was prepared to terminate the interview if it transpired to be too overwhelming for the participant and to refer where necessary. The need for this was not felt in any of the interviews.

Fourthly, it was ensured that participants did not feel coerced to take part at any point. This was achieved by recruiting participants through a gatekeeper. This method reduced any uneasiness to reject participation. In addition, I informed them at the outset that participation could be terminated at any stage without the need to give any explanations. In such cases, any data collected would be destroyed and not included in the research. Furthermore, the participants were also informed that they could choose not to answer particular questions if they did not feel comfortable to do so.

Finally, I was genuine and clear with the participants throughout the process. Prior to making contact with me, potential participants were sent an information sheet with details about the research and other ethical issues of confidentiality, anonymity and withdrawal at any point (Bond, 2000). Potential participants also had the option to contact me in case they had any further queries. Once they accepted to take part in the research, a consent form was sent to them which was discussed prior to the interview. The form was signed upon clarification and agreement of all mentioned points.

Confidentiality and anonymity were emphasised and ensured throughout in a number of ways. The gatekeepers were not informed about the names of the eight participants selected. Moreover, it was ascertained that participants could not be identified in any way by eliminating any factors that might make them recognisable. Pseudonyms were used all throughout to further ensure confidentiality and anonymity. Lastly, the recorded interviews were kept confidential and only accessible to the researcher.

Reflexivity

In qualitative research, particularly in IPA, the researcher has a significant impact on the study (Etherington, 2004). The knowledge produced is reflexive since it includes the researcher's interpretations (Willig, 2013). This confirms the great importance that continuous reflexivity needs to be given throughout the research. Reflexivity is '...an ability to notice our responses to the world around us, other people and events, and to use that knowledge to inform our actions, communications and understandings' (Etherington, 2004, p. 19).

Self-reflection was done regularly throughout the process by means of a reflective journal. Such recordings were carried out at every stage of the study. It is crucial for the researcher to be aware of one's biases, perceptions, interpretations, reactions, and social and cultural context, and how these are impacting the participants and the research (Etherington, 2004; Larkin & Thompson, 2012). In this research, my positive personal experience of mindfulness was initially having an impact on my interpretation of data. I also realised that I was being influenced by the great emphasis participants placed on anxiety during the interview. I was attributing too much weight to themes related to anxiety during data analysis, when mindfulness was the focus of my research. This confirms that regular meetings with the supervision team as well as consistent self-reflection is of utmost importance.

The foregoing are the effects of being an insider researcher. These influences could have had detrimental effects had I not become aware of them. I was 'sharing the characteristic, role, or experience under study with the participants' (Buckle & Dwyer, 2009, p. 55) since I personally experienced anxiety and engaged in mindfulness. Whilst being an insider researcher proved to be challenging, I strongly attempted to 'bracket' my biases and assumptions, and examine the phenomena presented by the participants with a fresh perspective (Asselin, 2003; Flowers et al., 2009).

Trustworthiness of the Study

Guba and Lincoln (2005) mention four criteria which a researcher must be aware of so as to confirm trustworthiness in qualitative research. These are credibility, transferability, confirmability and dependability. In this study the mentioned criteria were ensured in a number of ways.

Firstly, trustworthiness was attained by including in the appendices proof of the ethical clearance that was granted (Appendix O), the information letter (Appendix K and L), the consent form (Appendix M and N), the interview guide (Appendix I and J), and excerpts of the interview including themes (Appendix P, Q, R, S, T, U, V and W). Furthermore, as part of the audit trail, I sent out the typed transcripts to the participants who, in turn, sent their approval prior to including their data in my research. Moreover, it was ensured that the results presented were a thorough exploration and representation of the participants' experience of mindfulness and anxiety. This was achieved by drawing out themes that embodied the participants' journey, and by means of on-going reflexivity and regular communication with the supervision team. Lastly, a clear and detailed description of the process of the study was presented.

Conclusion

This chapter presented a detailed understanding of the research conducted. This included the aims and objectives of the study, the choice of qualitative research and the methodology, my epistemological position, an account of the data collection and analysis process, ethical considerations, reflexivity, and trustworthiness of the study. The following chapter will present the findings and discussion in light of existing literature.

Findings and Discussion

Introduction

This chapter discusses findings that represent participants' experience of mindfulness as a relief from their inexorable mind. These are presented as six themes that emerged from the data gathered during the interviews, using quotations narrated by the participants themselves and discussed in light of available literature. The data presents the voices of eight adult participants living in Malta who have engaged in mindfulness as a means of dealing with their anxiety.

The Superordinate and Subordinate Themes

Table 1

| | Superordinate Theme | | Subordinate Theme |
|----|--------------------------------|----|--|
| 1. | The Qualities of Anxiety | a. | Anxiety provoking situations |
| | | b. | Thoughts experienced |
| | | c. | Feelings experienced |
| | | d. | Physical aspects |
| | | e. | Behavioural aspects |
| | | f. | Onset |
| 2. | How Anxiety is Experienced | a. | Difficulty with understanding and/or articulating the anxiety experience |
| | | b. | Continuous struggle |
| | | c. | Panic attacks |
| | | d. | Professional help or self-help apart from mindfulness |
| | | e. | Medication |
| 3. | Deciding to Pursue Mindfulness | a. | Turning to mindfulness |
| | | b. | Picking and choosing aspects of mindfulness |
| | | c. | Regular practice, perseverance and time |
| | | d. | A clash between mindfulness and perceived messages from society |
| | | e. | Negative aspects of mindfulness |
| 4. | Becoming More Mindful | a. | Being present in the moment |

| | | | |
|----|---|----|--|
| | | b. | Awareness |
| | | c. | Acknowledgement |
| | | d. | Acceptance |
| 5. | Mindfulness as an Attempt to Manage Anxiety | a. | Impact on anxiety |
| | | b. | Different way of thinking and perceiving |
| | | c. | Calming and soothing |
| | | d. | Increased ability to stop, slow down or take time-out |
| 6. | Adopting a Mindful Lifestyle | a. | Transferring to different situations |
| | | b. | Feeling healthy and happy |
| | | c. | Recommending or instilling a mindful lifestyle in others |
| | | d. | Relationship with self |
| | | e. | Relationship with others |

I was finding it very difficult to come across relative literature notwithstanding that I spent a very considerable amount of time in thorough research. Most of the literature dealing with anxiety tends to pathologise, whilst as mentioned above, I was more interested in the biopsychosocial aspect of anxiety. As a result, literature did not always fit the scope of my research or the data gathered from the interviews.

Superordinate Theme 1: The Qualities of Anxiety

Participants reported characteristics of anxiety that are subjective, yet similar in some ways. The various anxiety disorders tend to have similar behavioural manifestations (such as avoidance, intense fear, anticipatory anxiety, amongst others) but different beliefs and cognitions (Craske & Stein, 2016).

a. Anxiety provoking situations

This was an important theme for participants; however, a search for relative literature yielded no results. This possibly indicates that phenomenological understanding of anxiety has not been empirically studied.

The situations that caused participants to experience heightened anxiety differed greatly. Some participants described a certain period or particular circumstance in their life as having greatly intensified their anxiety. For example, Adam remarked that he experienced anxiety as a consequence of existential issues just before turning thirty, '...because in society no one speaks about death. When you're close to end [...] they put tubes [in you], they don't leave you to talk. It was a bit frustrating. It could be 'cause I was turning 30 also.' Furthermore, Alexandra mentioned that:

I didn't want the relationship per se but I wanted children, and that made me panic. And...eventually, up until I had a child, I suffered from anxiety [...] however, the crux [...] the worst, was after I had the child.

On the other hand, other participants spoke about particular situations that recurrently caused heightened anxiety. Karen described how '...when I find myself in a closed space or in an open space, a very open space, it's like I would feel very frustrated.' Maria stated, 'So I get anxious when I feel I'm losing control *bażikament* (basically).' She felt this way when someone was driving her or when she has to depend on someone to be at a place on time.

There seemed to be a generalised sense of anxiety that was common among participants. As Alexandra recounted, her anxiety was initially triggered by situational circumstances and revolved around a fear of not having kids. At a later stage, her anxiety then generalised to other areas and situations even after having a child. Karen spoke about her experience, also illustrating generalisation:

...every weekend I used to go diving, and then I started feeling uncomfortable [...] in the whole experience of diving, especially when I'll be in caves [...] And then I started getting the same feelings, *per eżempju* (for example), in closed and open spaces...

My hunch is that this generalised sense of anxiety might be the result of comorbidity, as the data indicates that, by time participants started to experience symptoms of more than one disorder. Anxiety disorders very commonly co-occur with other anxiety disorders (Chiu et al., 2005).

b. Thoughts experienced

Many participants disclosed being over-thinkers, and hence predisposed to experience constant and ongoing thoughts (Davila & Starr, 2012). Ivan described it as an 'overreactive mind', while Natalie mentioned having 'racing thoughts.' Participants spoke about the negative impact of such an inexorable mind burdened with thoughts that were usually worry (Kabat-Zinn et al., 2007; Kabat-Zinn, 2012; Penman & Williams, 2011b). Adam described how, 'Usually my mind is leading me, you know, 'cause you're worrying, thinking', and Emily mentioned that, 'At some point it was too much that I got...not paralysed but like...ok I am going to bed because I really don't want to think anymore.'

Rumination and overthinking are typical characteristics of people experiencing anxiety (Davila & Starr, 2012). Participants recounted that it is usually a downward spiral of 'worrying about worrying' (Adam), which tends to bring about a further increase in anxiety (Penman & Williams, 2011b). They described how such thoughts and worries also result in increased negativity, problems with concentration and low productivity. Ivan talked about having an '...overthinking mind, unending...so that used to [...] make me see the negative in everything.' Emily described it as '...my brain is like blowing up' and also mentioned how it resulted in low productivity since '...basically I was spending more time worrying than actually doing the stuff...'

Anxiety is described as worrying about possible perceived future threats (Craske & Stein, 2016; Davila & Starr, 2012; Johnson & Kring, 2012). Ivan shared that he was '...living thinking of your worst fears...', while Natalie mentioned that:

| | |
|---|---|
| <p>nibda sejra, 'Ok issa ħa jiġrili hekk, issa hekk...'</p> | <p>I start saying, 'Ok now this is what's going to happen to me, and now this...'</p> |
|---|---|

c. Feelings experienced

Participants spoke about an array of negative feelings associated with anxiety, with fear being one of the most prominent. Alexandra mentioned that, 'Because it was such a real fear, I felt like I was in panic for a whole two years...' This is typically the result of perceived forthcoming danger (American Psychiatric

Association, 2013; Craske & Stein, 2016; Johnson & Kring, 2012). For example, Maria shared that she feels 'terrified' when she is offered a lift.

There were other feelings commonly experienced by the participants. These included exhaustion, panic, hopelessness, frustration, feeling overwhelmed and inability to cope. All these are very strong negative feelings which can help with understanding the powerful effect anxiety has on participants. Anxiety is a difficult experience that tends to be relentless and tough to control (Davila & Starr, 2012). For example, Steve mentioned that '...after a big bout of anxiety, you feel exhausted, like you don't want to do anything.' Moreover, Ivan used to doubt 'whether you could cope.'

d. Physical aspects

The participants experienced different extents of physical symptoms as a result of anxiety. Adam, for example, mentioned various symptoms that interfered with his daily functions:

I used to wake up at six with palpitations and sweaty. I was very tired, memory-loss [...] I start to lose my keys, I'm forgetting, I've become very forgetful, I speak fast, fidgetiness I think, heartbeat sometimes goes up a bit, and...concentration...

Natalie also described intense physical symptoms. She stated:

...nibda nħoss litteralment il-qafas ta' sidri ħa jisplodi.

...I literally feel my chest about to explode

All the physical symptoms discussed were mentioned by Swartz (2007) as typical of anxiety.

On the other hand, other participants talked about experiencing minimal physical symptoms. Karen recounted, 'Physically maybe, just not full blown.' Furthermore, Maria mentioned:

Ma naħsibx li jkun hemm *physical* [...] forsi taqbadni xi roġħda xi kultant...

I don't think that there will be any physical [...] maybe I get some tremors sometimes...

It appears that for some participants the physical symptoms were less tasking than their thoughts and worries.

e. Behavioural aspects

Participants commonly dealt with anxiety in their everyday life by avoiding situations that trigger it. This is typical of a person experiencing anxiety and is a way of coping (Craske & Stein, 2016; Davila & Starr, 2012; Swartz, 2007). Natalie mentioned how she changed jobs every time there was a situation that was causing anxiety:

...waqaft ħafna mix-xogħlijiet jien ħabba l-problemi li kien ikolli.

...I quit many jobs because of the problems that I used to have.

Karen disclosed that apart from avoiding open spaces or situations where she felt enclosed, there have been instances where she had a very strong desire to leave and go to her safe place. She recalled, '...I'd get like a bit panicky, get in my car and go home, literally. And I'll be dying to get in the house to be able to ground myself.'

On the other hand, there were a few participants who mentioned taking on activities that were likely to cause heightened anxiety. Steve, for example, mentioned that his rumination escalates drastically when he is at home or alone. Notwithstanding, he still chose to go abroad on his own for a period of time, with the very likely consequence of increasing his anxiety. It seemed that Steve liked to challenge himself, unlike most of the other participants who tended to avoid anxiety provoking situations. This behaviour was in contrast with literature, as avoidance is portrayed as typical of someone experiencing anxiety (Craske & Stein, 2016; Davila & Starr, 2012; Swartz, 2007).

f. Onset

All participants recounted experiencing some form of anxiety from a young age. The onset of anxiety is generally during childhood, adolescence or early adulthood (Craske & Stein, 2016). Natalie, for example, recalled experiencing intense anxiety as a child and had already started finding it difficult to cope. This could have had an impact on the youngster's relationships, educational attainment, and well-being (Alaatin et al., 2001; Rapee, 2015; Swartz, 2007). In fact she recounted:

...anke tlabt illi t-tabib jagħmilli karta
għax ma kontx niflaħ nistudja...

...I even asked the doctor for a note
because I could not cope with
studying...

Furthermore, she was already being taken for professional help.

Kont kellimt varji nies [...] *social
workers, guidance teachers*, ehmm...u
anke l-familja tiegħi kienu bagħtuni
għand *psychologists, psychiatrists*...

I had spoken to various people [...] *social
workers, guidance teachers*,
ehmm...even my family had sent me to
psychologists, psychiatrists...

One must also consider that the need to speak to so many professionals could have been a symptom of anxiety in itself.

On the other hand, some participants experienced anxiety to a lesser degree as children, '...someone walking up the stairs behind me as a child. That would make me really nervous' (Karen). Moreover, Steve recalled, 'I was always a shy child growing up [...] I would feel shy if I have a new haircut because people would notice me having a different hairstyle.' Furthermore, Alexandra shared that she started experiencing anxiety as a young adult. She was the only participant who recounted that she did not experience any form of anxiety at a younger age.

Superordinate Theme 2: How Anxiety is Experienced

Even though many of the characteristics mentioned previously are subjective, the experience of anxiety is recounted somewhat similarly by participants (Craske & Stein, 2016).

a. Difficulty with understanding and/or articulating the anxiety experience

This proved to be an important theme for participants; however, a search for related literature generated no results.

Participants spoke about having difficulty with understanding what they were going through when experiencing anxiety. Natalie recounted that:

Niftakar kont inħabbat ħafna fuq rasi,
u ommi kienet [tgħidli], ‘Le, x’qed
tagħmel?’ Kont ngħidilha, ‘Għax ma
nistax nifhem x’inhu jgħri dan it-taħwid.’

I remember I used to hit myself on the
head, and my mum used to [say], ‘No,
what are you doing?’ I used to tell her
that, ‘I cannot not understand what is
going on, this confusion.’

Natalie and Alexandra both mentioned feeling great relief when understanding that what they were experiencing was anxiety. ‘Yes! I could label it at least you know, because at first [...] I thought, you know, I’m losing my mind [...] am I getting a psychotic episode?’ (Alexandra). On the other hand, Karen continues to experience turmoil since she is presently still unsure whether what she feels is actually anxiety.

During the interview, participants found it difficult to put into words what they feel when experiencing anxiety. In fact, Maria said, ‘...ma nafx kif taqbad tittranzlejtjha f’kelma dik imma’ (*I don’t know how to translate that into words though*) when talking about symptoms of anxiety. Furthermore, Karen remarked, ‘...I get very...I don’t know the feeling really...’

b. Continuous struggle

As mentioned previously, anxiety is presented in literature as a negative and tough experience which is somewhat disabling, distressing, lowers one’s quality of life, decreases well-being, and affects one’s physical health (Davila & Starr, 2012; Delgado & Moreno, 2000; Craske & Stein, 2016; Johnson & Kring, 2012). Participants concurred, talking about how difficult it is to live with anxiety and how dealing with it is a daily battle or struggle. Emily mentioned that, ‘...I have to fight a lot with my brain...’, while Steve declared countless times during the interview that ‘...it’s always a constant battle.’

c. Panic attacks

Panic attacks are a characteristic feature of anxiety and anxiety disorders (American Psychiatric Association, 2013; Craske & Stein, 2016). They tend to happen suddenly without being expected or anticipated (Johnson & Kring, 2012). Alexandra talked about how her first encounter with anxiety was a panic attack. She explained, 'And at first I thought I was losing my mind, which is what everybody thinks when they get a panic attack...' Alexandra added that, 'I spent the first couple of years in fear of getting another panic attack'. The thoughts and fears mentioned by Alexandra are very typical during and after a panic attack (Johnson & Kring, 2012; Swartz, 2007).

Even though a panic attack was experienced by some other participants, it was not the case for all. Many participants mentioned experiencing panic; however, it did not seem to have materialised into a panic attack.

d. Professional help or self-help apart from mindfulness

Seeking help is of paramount importance when it comes to anxiety. If left untreated it tends to persist chronically (Craske & Stein, 2016). The participants talked about how they sought different means of help. Maria, on the one hand, never sought professional individual help but preferred to take courses and read books to acquire tools for self-help. In contrast, the other participants sought personal help from professionals. Visiting a psychiatrist seemed to be the most commonly sought first help. Adam pointed out that going to a psychiatrist and taking medication gives immediate results.

I wanted a quick fix [...] If I had to go to a psychologist, I knew, of course, that it's going to take time. I didn't have the time, I said let's go to the doctor, and then maybe...in fact I did, I went to a psychologist which was longer term *hux* (isn't it).

Research shows that psychologists working in Malta believe that the Maltese culture is medicine-oriented. They want immediate results and expect to be given medication if they go to a psychiatrist, otherwise, they regard it as poor service (Caruana, 2013).

After going to a psychiatrist, participants were either referred to or sought therapy at a psychologist or psychotherapist. In contrast, Alexandra and Emily immediately opted for personal therapy. All participants also engaged in self-help alongside professional help, which included, CBT techniques, positive psychology, reading books, walking, a course in Gestalt Therapy, and sports. The help mentioned in this section was sought before, during or even after engaging in mindfulness therapy.

e. Medication

Participants' overall attitude towards medication was somewhat negative. It appears that such an attitude developed after being on medication themselves and experiencing the side effects. Ivan mentioned that:

I was induced into antidepressants and sleeping tablets but the chemicals...they're not good [...] I spoke to the doctor that I am not functioning properly [...] So I told him instead of sleeping tablets I'm going to be doing more walks.

Furthermore, Adam recounted, 'I will not resort to medicine unless I had to [...] in fact when I went to the psychiatrist the second time I didn't want antidepressants or what not. I want something just to cope a bit'. This was in line with the research conducted by WPA (2010) which also found that the attitude of the general population was that they would only turn to medication as a last resort. This is contradictory to what psychologists in Malta expressed in the research conducted by Caruana (2013). The reason for such an inclination towards medication in Malta might also be the result of limited mental health services available (Caruana, 2013).

I believe that people experiencing mental health issues, including anxiety, would be going through such a difficult time that the medication is taken to lessen the symptoms immediately, in spite of their awareness of the possible negative side effects (Caruana, 2013). This hunch is supported by what Adam said regarding feeling a need to get away from the disabling effects of anxiety as soon as possible, '...I wanted to leave myself at that time, now! I wanted to study, I wanted to go all over [...] I didn't have the time [for a long therapeutic process at a psychologist]' (Davila & Starr, 2012; Delgado & Moreno, 2000; Craske & Stein, 2016; Johnson & Kring, 2012).

Superordinate Theme 3: Deciding to Pursue Mindfulness

Participants decided to pursue mindfulness as a means of coping with the feelings, thoughts and behaviours mentioned in the previous sections. Karen was the only participant who mentioned that turning to mindfulness was not directly related to her anxiety, even though nowadays she engages in such techniques to manage anxiety.

a. Turning to mindfulness

One can observe some similarities in the participants' journey towards engaging in mindfulness. For most of them, it was suggested as a more specialised treatment for issues concerning anxiety. Steve and Alexandra mentioned that it was their therapist who suggested mindfulness. Steve went on to explain that he felt stuck in personal therapy, which was the reason why he followed through with the therapist's suggestion:

I felt that although CBT was useful, and having therapy with a psychologist was useful, I felt I was going round in circles in terms of fighting my anxiety. So when the psychologist suggested mindfulness I'm like, 'Ah good, something different!'

Other participants actually came in contact with mindfulness during personal therapy. They decided to pursue it after experiencing its benefits, '...the psychologist I had she used mindfulness in her therapy. So yeah, I used it a bit in the therapy then I decided to go deeper into the topic' (Emily).

The fact that therapists are suggesting the course and using it in therapy indicates that there is an increasing awareness amongst professionals in Malta regarding the approach and its benefits. This coincides with the majority of the foreign literature which shows that there has been increased enthusiasm and use of mindfulness techniques among professionals (Abbey et al., 2004; Allen et al., 2006; Hofmann, et al., 2010; Pedulla, 2017).

In contrast, Ivan and Adam seemed to have discovered mindfulness by themselves when they started reading books as a means of self-help for anxiety.

After that, they joined meditation groups and took on a more spiritual and philosophical perspective of mindfulness. Karen, on the other hand, accessed mindfulness through yoga.

However, a striking common factor was that all participants preferred learning mindfulness skills by joining groups lead by professionals rather than practicing solely by themselves. They mentioned that group practice proved to be much more beneficial for various reasons. Firstly, participants remarked that in groups, ‘...it was great because you had people of the same feelings and thoughts, you know, so I could share. I was really happy eh. All right, there are people who are kind of like me’ (Adam). Secondly, they spoke about, ‘...having the therapist guide you [in the group]...I find it it's better, like I have something to lean on to’ (Steve). The above reasons given by participants are in line with research findings (Finucane & Mercer, 2006; Pedulla, 2017; Allen et al., 2006).

b. Picking and choosing aspects of mindfulness

Mindfulness is not a ‘one size fits all’ approach (Pedulla, 2017, p. S159). Participants mentioned aspects that were very helpful in mindfulness and others that were not. Different techniques were beneficial for different participants, and this can be for a variety of reasons (Pedulla, 2017). There were participants, such as Emily, who mentioned that they did not find yoga helpful for them, ‘...something that I don't do at all is doing mindfulness and yoga. Because me, when I am meditating, I feel like to be totally in silence and quiet...’ Others, like Maria, did not find long sessions of meditation helpful.

| | |
|---|--|
| <p>...li noqghod nagħmel <i>meditation</i> jew hekk <i>for a long period of time</i>, dik ma tgħoddx għalija.</p> | <p>...meditating or anything of the sort for a long period of time, is not for me.</p> |
|---|--|

Alexandra mentioned how she adapted the techniques to what works best for her:

I enjoy practicing mindfulness in mundane tasks [...] so now I literally look out the window and check the weather, and check the colour of the sky, and if there are any trees, and find something to appreciate [...] that's as far as my meditation goes [...] and I use a lot of

mantras...so what I did was I took what I needed from it and I used that, you know.

Natalie also mentioned constantly trying out different techniques to discover what is most effective, and changing when such techniques become ineffective. Adam discovered that Thai Chi, which is a spiritual martial art, fits better with his personality and needs, '...right now I'm practicing Thai Chi, so there is more movement, and I feel it connects more to everyday life. It's more like similar.'

This also needs to be kept in mind by professionals who are engaging in mindfulness techniques in individual therapy with clients. It is important to adapt according to client's presenting problems, needs, personal characteristics, and so on (Pedulla, 2017).

c. Regular practice, perseverance and time

Mindfulness 'works if you work' (Emily). This was something mentioned by most participants and is also found in literature (Allen et al., 2006; Kabat-Zinn et al., 2007; Penman & Williams, 2011b). Karen mentioned that in order to be mindful one needs to practice, particularly when in anxiety provoking situations, 'but it takes a lot of practice [...] in my daily life I think it's quite natural, but when you get to your weakest point, it takes more practice.' Steve also talked about the importance of regular practice (Kabat-Zinn et al., 2007; Pedulla, 2017; Penman & Williams, 2011b), '...because once you stop doing the course and once you stop reading, you know...unless you keep it up, you know, you settled back into the usual routine.'

Natalie mentioned the aspects of time and perseverance with regards to experiencing positive effects (Penman & Williams, 2011b):

Kienet ħaġa gradwali però...dan mhux oġġett ta' *months* ehh [...] Imma bqajt nirsisti għax bdejt nara li kien hemm dawn l-*incremental changes* pożittivi

It was something gradual though...this is not an issue of months ehh [...] But I kept on striving because I started to see that there were positive incremental changes...

The fact that regular practice, perseverance and time are essential to achieve the desired results might be considered a drawback. In this regard, Adam mentioned that people just want fast results and are not willing to practice, 'I mean give me a

pill, give me a fast solution, and that's it' (Caruana, 2013; Penman & Williams, 2011b).

d. A clash between mindfulness and perceived messages from society

Participants remarked that it is a challenge to practice mindfulness in today's society.

We don't live in a culture where mindfulness is praised, you know, they would probably say, '*Ara ma għandhiex x'tagħmel!*' ('Look she has nothing better to do!') We are very much in that culture, and that is a battle. The more stressed out you are, the more praise you get (Karen).

Indeed, this was the experience of many of the other participants. Foreign literature states that in today's world being busy and having little time for leisure has become a status symbol (Bellezza, Keinan, & Paharia, 2016). This lifestyle is bringing about negative consequences on one's well-being and health (Hassed, 2013; Penman & Williams, 2011b). So far, this is not supported by any Maltese literature. However, from my first-hand experience, I feel and observe that life in Malta has become similar. It seems to me that people here are packing up their lives with a load of things, and are always busy and on the go. Unfortunately, this lifestyle is perceived to be admirable and more often than not tasking our well-being and health. Natalie also spoke about this when saying:

...fil-ħajja ta' kuljum il-ħin kollu *multi-tasking* u minn ħaġa għall-oħra, ma tantx baqgħet wisq daqshekk ta' valur li tisslowja, u li tkun *mindful*.'

...in everyday life we are constantly multi-tasking and going from one thing to another, it is not considered to be of much value to slow down, and to be mindful.

Ivan recounted that, 'Ix-xogħol qaluli, 'X'qed tpejjep?' [referring to drugs] ('At work they asked me, 'What are you smoking?'). His colleagues made these remarks when they started to see him increasingly tranquil. This continues to confirm that being calm and relaxed is not perceived to be the norm in today's society.

I did not find any foreign or local literature that supports the fact that people who engage in a mindful lifestyle are perceived negatively by society. On the contrary, literature indicates that mindfulness practice is becoming more popular and a trend (Penman & Williams, 2011b; Sun, 2014). I wonder whether the worry of how they are perceived by society has more to do with their anxiety rather than their reality.

My personal experience is very similar to that of the participants. I feel that certain people are somewhat sceptical and I am frowned upon when suggesting mindfulness to some individuals or clients, or when mentioning that I practice mindfulness. One might wonder whether it depends on the particular background of the audience. There may be differences in attitudes towards mindfulness between people coming from a medical model and others who are less conventional, more creative and more open to experience.

Mindfulness and relaxation has boomed and gained a great deal of popularity and attention (Penman & Williams, 2011b; Sun, 2014). Participants mentioned that, 'hemm *buzz fuqu bħalissa*' (*there is a buzz about it right now*) (Natalie), and 'it's a multi-million industry' (Ivan). Boyce (2011) referred to it as the 'mindfulness revolution'. People are increasingly open about practicing mindfulness, unlike a few years back when persons who practiced kept it hidden out of fear of being ridiculed (Halliwell, 2011). This is in direct contrast with the findings of my study.

The participants' experience seems to indicate that awareness regarding the mindfulness approach in Malta is somewhat premature. Notwithstanding that foreign literature suggests wide social acceptance of this approach, local counsellors need to practice in light of the scenario in Malta whilst also taking into consideration their own and clients' perceptions towards mindfulness.

e. Negative aspects of mindfulness

Participants spoke about numerous positive aspects of mindfulness, and only very few were regarded as being negative. One drawback mentioned during the interviews was that some courses and retreats are too expensive (Hickey, 2010; Stanley, 2012). Ivan explained that the sole reason for the organisation of some courses is money; he described them as 'exploitation'. Mindfulness at times has become commercialised and is just a business (Sun, 2014). Natalie was another participant who mentioned the aspect of money. She stressed that this monetary aspect needs to be taken into consideration in order to make mindfulness more

accessible to people. It appears that the price tag is considered high and is proving to be a limiting factor (Pedulla, 2017).

Another aspect that was considered negative was the challenge that meditation presented. Emily expressed this verbally and non-verbally, 'Pfff [blows out]...you have to really sit down and have it a habit...it's really difficult.' While Adam mentioned, 'That could be a bit of a drawback, you know, if you're in the middle of a storm and you are trying to meditate.' Kabat-Zinn et al. (2007) and Penman and Williams (2011b) acknowledge that even though the concept of mindfulness may sound simple, it is somewhat challenging to do, particularly during the initial stages. This was confirmed by the majority of the participants. Adam went on to say, 'It [meditation] is boring as hell, you have to sit there [laughs]...let's face it' (Penman & Williams, 2011b).

Steve mentioned another aspect which he regarded as a drawback, '...there should also be a space where you try to integrate it into your normal life routine post course, you know' (Finucane & Mercer, 2006). He stressed that post course guidance was not available when facing difficulties to incorporate mindfulness in one's lifestyle.

Superordinate Theme 4: Becoming More Mindful

Living in the present moment, becoming aware, acknowledging and accepting things as they are right now are at the core of what mindfulness means (Abbey et al., 2004; Allen et al., 2006; Feldman & Hayes, 2004; Kabat-Zinn, 1990; Kabat-Zinn et al., 2007; Penman & Williams, 2011b). This was a significant aspect of conversation for all participants.

a. Being present in the moment

A crucial aspect of mindfulness is paying attention to things in the now (Abbey et al., 2004; Allen et al., 2006; Kabat-Zinn, 2012; Kabat-Zinn et al., 2007; Penman & Williams, 2011b; Williams, 2011; Wright, 2016). As mentioned, a person who is experiencing anxiety tends to be caught up in ruminating about possible future happenings (Davila & Starr, 2012; Orville & Roemer, 2002). Hence, focusing on the present was described by participants as having been very beneficial. Steve explained, 'So learning how to be present at that moment and trying to gently pushing away your thoughts, just to be present, I found it very relaxing and relieving.'

Participants mentioned grounding themselves in the present by using the senses. The senses might sometimes be neglected, as people are too caught up in the past or future (Kabat-Zinn et al., 2007; Penman & Williams, 2011b). Natalie mentioned that:

U llum il-ġurnata, fil-fatt, meta nkun
qed inħossni...xi mkien fejn ma nkunx
irrid, per eżempju, ngħid ‘Ħa nara
jirnexxlix nisma’ l-ġhasafar barra’
[tbissmet]. U veru tirrilassani.

And nowadays, in fact, when I am
feeling...somewhere I would not want
to be, for example, I say ‘Let me see if
I manage to hear the birds outside’
[smiles]. And it really relaxes me.

Karen disclosed that, ‘...sometimes, even though it sounds stupid, but even just touching my body I keep myself a bit grounded. It could be just like doing this on my leg or doing this on my arm [showing a rubbing motion].’

The breath is also used as a way of remaining focused on the present (Abbey et al., 2004; Feldman & Hayes, 2004; Kabat-Zinn, 2012). Maria spoke about having a bell that rings every hour as a reminder, ‘...allura kull siegħa jkolli daqsxejn (*so every hour I have a little*) *reminder to breathe in and to breathe out*. Allura (*So*) *I take the time to do it as well [...] it brings me to the present moment*.’ However, the majority of the participants seemed to prefer grounding themselves in the moment by using their senses rather than using the breath. On the contrary, most of the literature that I found seems to focus more on putting attention on the breath as a means of staying in the here-and-now (Abbey et al., 2004; Feldman & Hayes, 2004).

Being present in the moment also reduces the automatic pilot mode. Furthermore, it also helps to minimise absent-mindedness and improve concentration (Allen et al., 2006; D. Caruana, 2015; Kabat-Zinn et. al., 2007; Penman & Williams, 2011b; Orsillo & Roemer, 2002). Alexandra mentioned:

...before I used to arrive somewhere and not know how I got there, like automatically get there, you know, like at work or at home. I don’t do that anymore, so now I literally look out the window and check the weather, and check the colour of the sky, and if there are any trees, and find something to appreciate...

In addition, Maria shared that:

Ma jġirilekx xi kultant titla' fuq mingħalik ħa ġġib xi ħaġa u tinsa? Ehmm *I think I'm getting less of those*, fis-sens li nibqa' ffokata. Allura naħseb *mindfulness* jgħinek tkun iżjed iffokata...

You know sometimes you go upstairs thinking of getting something and you forget? Ehmm I think I'm getting less of those, in the sense that I remain focused. So I think mindfulness helps you become more focused...

Some participants talked about how challenging it is for them to remain in the present, especially in overwhelming situations. For example, Emily recounted that, 'So when I am experiencing those moments pfff [blows out] it's kind of, ok, I'm here, I'm now, I'm really having fun, but at some point if there is like a break [clicks] boom [she goes back to being lost in her thoughts]...' While Kabat-Zinn et al. (2007) and Penman and Williams (2011b) acknowledge that mindfulness is not easy to attain and that results take time, they do not mention the difficulties which may be encountered by a person who practices mindfulness when faced with high anxiety provoking situations (Kabat-Zinn et al., 2007; Penman & Williams, 2011b).

Participants also mentioned that by starting to live more in the present moment they became more appreciative (W. A. Caruana, 2015; Chetcuti, 2016; Penman & Williams, 2011b; Drukker et al., 2011):

Issa *mindfulness* x'inhu? Tapprezza kull sekonda, kull mument, kull ħaġa li qed tagħmel (Ivan).

Now what is mindfulness? Appreciating every second, every moment, everything you are doing.

Prior to practicing mindfulness, many participants reported that they did not feel appreciative of anything around them or anything they had. As Ivan stated:

...why am I unhappy? Money is rolling in. I'm trying to cope with lots of things, yet not totally content [...] now I'm zero, but I could be walking around, see a nice sunrise and take a photo and live appreciating the present moment.

Focusing on the present moment fosters awareness, acknowledgement and eventually acceptance (Abbey et al., 2004; Feldman & Hayes, 2004; Kabat-Zinn et al., 2007; Penman & Williams, 2011b).

b. Awareness

Participants mentioned that through mindfulness they became more aware of their thoughts, feelings, behaviours and body. Awareness is what mindfulness is all about and was key in bringing about a difference in their anxiety (Allen et al., 2006; Abbey et al., 2004; Christopher et al., 2008; Kabat-Zinn, 1990; Kabat-Zinn et al., 2007; Penman & Williams, 2011b). Alexandra, for example, recounted:

So the mindfulness course gave me the explanation of what was making me anxious, not necessarily *why* I had developed postnatal anxiety, but what was making me anxious at that point in time. So it helped me obviously deal with it, because if I know what's happening, what's making me anxious, then I could deal with it.

Moreover, Emily mentioned, 'It seems like you have awareness, whereas before you didn't have awareness to bring your mind back.'

Other participants, such as Karen, spoke about becoming aware of their bodies and linking the physical signs it gives to potential psychological aspects.

It guides you...so when I'm sick I say there is something wrong, something is not functioning well [...] So I'd have to kind of do a check-up...What am I thinking? What am I feeling? What am I going through? Because there must be something wrong that I'm unwell.

According to Kabat-Zinn et al. (2007), the body has a great deal to communicate to us about how we are feeling and we should listen to it more. Karen emphasised this numerous times during the interview.

Awareness of thoughts, feelings, behaviours and the body helped participants to recognise the onset of overwhelming feelings or anxiety. Natalie remarked:

...ffff [sound effect] bdejt inħossni li ġejja l-ansjeta’.

...ffff [sound effect] I felt the anxiety building up.

She went on to explain how such awareness has helped her:

Filwaqt illi qabel kienet qisha tissakjani u ngħid, ‘Għandi t-tferfir’. Imbagħad mit-tferfir nibda sejra, ‘Ok, issa ħa jiġrili hekk, issa hekk’ [titkellem b’ton ta’ biża’ filwaqt li tieħu nifsijiet tqal], u kienet dejjem teskala. Mentri issa, ġieli anke jibqagħli *palpitations*, imma qisni kapaċi nagħrafha and *I keep it more at bay*.

Whereas before it used to suck me in and I used to say, ‘I’m agitated’. Then from agitation I start saying, ‘Ok now this is what’s going to happen to me, and now this’ [saying it in a scared voice with heavy breathing], and it used to always escalate. Whereas now, sometimes palpitations remain, but it’s like I am capable of recognising it and I keep it more at bay.

Natalie’s account is in line with the descriptions mentioned in the book by Penman and Williams (2011b).

Many participants spoke very positively of gaining awareness. However, Adam went through a tough time particularly at the beginning of his experience with mindfulness. He emphasised that it was a very anxiety provoking experience to have his thoughts, feelings and behaviours displayed in front of him, ‘...it puts the lens on it and...it can be a bit challenging in that way.’ Ivtzan (2016) acknowledges that through mindfulness and meditation one might get in touch with buried and repressed emotions which might make a person uneasy. In view of the foregoing, one must be cautious particularly in acute phases of certain disorders or if the person is not prepared or guided (Feldman & Hayes, 2004; Ivtzan, 2016). In fact, Adam mentioned, ‘...you need a guidance eh. *Għax* (because) I’ve seen many people in groups and what not, that when they start becoming aware they become very negative.’

c. Acknowledgement

After participants started to feel an increase in awareness, they spoke about beginning to acknowledge thoughts, feelings and behaviours (Abbey et al., 2004;

Feldman & Hayes, 2004). Natalie explained how acknowledgement helped her greatly when dealing with her colleague:

...kif appena jien nesprimi ġewwa fija li qed tirritani u li ma nistax għaliha, u anki jekk forsi f'moħħi nibda nitgħalha d-daqqiet [tidħak]...imbagħad veru nħossni fil-paċi.

...as soon as I express deep inside that she is irritating me and that I can't stand her, and even if maybe in my head I start throwing punches [laughing]...then I start feeling very much at peace.

Allowing oneself to experience a particular feeling instead of constantly attempting to push it away is precisely what acknowledgement is (Kabat-Zinn et. al., 2007; Penman & Williams, 2011b). Alexandra mentioned that once she started acknowledging feelings as '...just another feeling, that you know, you don't need to judge it, it's not good or bad', she felt much better as, 'Automatically it loses power over you, so you lose your fear, and that helped a lot'.

Fighting and battling with thoughts has been found to cause even further anxiety (Kabat-Zinn et. al., 2007; Pedulla, 2017; Penman & Williams, 2011b). For example, Steve shared how he started to deal with thoughts differently after engaging in mindfulness, 'Rather than fighting them, letting them manifest in your brain, being aware of them, and waiting for them to pass like a cloud...'

d. Acceptance

Acceptance was a crucial step for participants to start to feel better with regards to their anxiety. One of the key factors that seemed to have really helped them was non-judgemental acceptance of their thoughts, feelings and behaviours. In this regard, Alexandra mentioned, '...not judging the feeling [...] when you are feeling anxious, which is...you know, the judgement is what causes it to grow and build into a panic attack'. Moreover, Emily shared that:

I mean when the brain goes I used to get very angry [...] And what I do now is when the brain goes, instead of getting angry as before, it's like ok...is it going there because maybe something is really [important], you have to think about it?

Furthermore, Adam recounted that, ‘...I would still have the palpitations, I would still, in my case have the...nervousness and the throat feeling, and thoughts [that] something’s wrong, but you’re more accepting. You’re more accepting and then it goes down much easier...’ (Abbey et al., 2004; Allen et al., 2006; Feldman & Hayes, 2004; Kabat-Zinn et al., 2007; Wright, 2016). This changed the participants’ perception of and relationship with oneself. I discuss this in more detail further on.

Participants mentioned that mindfulness helped them to accept thoughts, feelings and behaviours that they previously regarded as inadmissible. Natalie used to find the feeling of anger difficult to accept. She managed to overcome this difficulty by means of mindfulness:

...imma qisni jkolli bżonn inħalliha titla’
[rabja], naraha, naċċettaha, ma
nagħmel xejn fuqha, fis-sens illi mhux
niprova...inkun twajba jew...*that I
overreact to it.*

...it’s like I would need to let it rise
[anger], be aware of it, accept it, do
nothing about it, in the sense that I
don’t try to...be nice or...that I
overreact to it.

This quote sums up the three sub themes that I have just mentioned.

Adam, on the contrary, experienced a great challenge when it came to acceptance, ‘It’s not easy to accept certain things *għax* (because) you have to let go [...] if you say letting go, letting go to what?’ Even though anxiety had a negative impact on Adam, it is nonetheless a familiar experience, while letting go made him feel that he was treading in uncharted waters (Smith, 2002).

Superordinate Theme 5: Mindfulness as an Attempt to Manage Anxiety

Many participants pursued mindfulness as an attempt at ‘finding peace in a frantic world’ (Steve).

a. Impact on anxiety

All participants spoke very highly of mindfulness, saying it was what they needed in their life. Ivan mentioned that, ‘...meditation was the healthiest thing that I could come across because it helps me decide better, live better, see better and be a true human being...’ Meanwhile, Karen described it as, ‘The real, most truthful, simple answer to everything.’

Participants also reported a positive difference in their levels of anxiety after engaging in mindfulness (D. Caruana, 2015; W. A. Caruana, 2015; Chetcuti, 2016; Evans et al., 2008; Hofmann et al., 2010; Zammit Cutajar, 2013). They experienced this difference to varying extents, which was also mentioned in other research studies (Evans & Finlay, 2009; Finucane & Mercer, 2006). Finucane and Mercer (2006) suggested a number of reasons for this difference. One reason could be the degree of investment in the practice, while another, the extent of development of mindfulness skills and their integration in one's lifestyle. The data gathered from participants during interviews was in line with these reasons. Participants who invested in mindfulness and integrated it in various aspects of their life reported higher levels of benefits with regards to anxiety. Alexandra, for example, who seemed to be one of the most committed participants stated, '...I have no experience of anxiety anymore, nothing...' It is pertinent to note that she practices mindfulness daily and has incorporated it in routine tasks. On the contrary, Steve, who practices minimally and has only integrated limited aspects of mindfulness in his life, reported that he struggles daily with anxiety. A further reason suggested was that there could be important therapeutic elements missing in MBCT. The effectiveness of this therapy might be improved when it is integrated as part of the therapeutic process.

Even though there were such different levels in the benefits experienced by the participants, all of them reported a positive difference in their way of coping. Many mentioned that although they still experience anxiety, they are now more capable of managing it. Steve disclosed that, '...I'm better at fighting it. Doesn't mean there aren't [...] relapses. But I feel I'm better [...] it's much easier for me to tackle them.' Emily also talked about this when saying, 'Because you still have like this stress but phewww [sound effect] it's another thing. You are able to control that part, yes.'

However, some of the participants still found the need to seek help from a psychiatrist or therapist even after doing the MBCT course or other forms of mindfulness. This was also found in a research study conducted by Finucane and Mercer (2006) with people experiencing active depression and anxiety. Additionally, many participants felt the need to engage in self-help alongside mindfulness. This makes me wonder whether MBCT or other mindfulness techniques are considered by participants to be a sufficient form of treatment on their own merits.

Participants also mentioned that it is very difficult or next to impossible to be mindful in high anxiety provoking situations. Maria disclosed that ‘no amount of mindfulness’ prevents the increase in her anxiety in such situations. One starts to wonder whether mindfulness is effective for the participants during situations that trigger heightened anxiety.

b. Different way of thinking and perceiving

Many participants reported experiencing a difference in their way of thinking and perceiving as a result of the awareness they gained. Such awareness helped them to start viewing things objectively (Penman & Williams, 2011b). Natalie explained how perceiving things from the outside helps to mitigate her anxiety (Kabat-Zinn et. al., 2007; Penman & Williams, 2011b):

...imma issa meta nibda nħoss li qed ikolli t-tferfir, nagħtu kas...ngħid, ‘Ġej it-tferfir’, u qisha dik il-fatt illi ħarist lejha minn barra tislwajha. Ġieli jibqa’ t-tferfir, imma issa [...] qisek qed taraha minn barra. Filwaqt illi qabel kienet qisha tissakjani...

...but now when I start to feel agitated, for example...I say, ‘agitation is building up’, and it’s like the fact that I looked at it from the outside slows it down. Sometimes agitation remains but now [...] it’s like you are seeing it from the outside. Whereas before it used to suck me in...

She also explained how viewing things this way helps her to see everything in perspective and not over-react, as she used to do in the past (Abbey et al., 2004; Feldman & Hayes, 2004). This was also mentioned by other participants, such as Maria, who said that, ‘So I get a bit of a reality check *fis-sens ta’* (in the sense that)...I evaluate my anxiety vis-a-vis the situation. So then I realise I’m being over-anxious.’

c. Calming and soothing

Participants mentioned that mindfulness was soothing and brought about a sense of calmness and relaxation. Indeed, this was something they seemed to need and long for in order to minimise anxiety. These experiences were the result of an increased awareness, acknowledgement, acceptance, and capability of staying in the present moment (Allen et al., 2006). Ivan recounted that:

Meta kont immur nimxi u nipprova
nimmedita u naħseb b'differenza,
illallu, ikkalmajt.

*When I used to go walking and try to
meditate and think differently, oh my, I
calmed down.*

This calmness, in turn, helped him in various aspects of his life. He became less aggressive and angry, he could work better, and could eat and appreciate his food (Brummel & Dane, 2013; W. A. Caruana, 2015; Faramarzi et al., 2014; Karayolas et al., 2008; Penman & Williams, 2011b). Ivan also added that, '...the best tablet and the best pillow is peace of mind.' Other participants also spoke about feeling better in this regard. Emily mentioned that, 'As a practice it gives you a lot of tranquillity.' Steve talked about his experience of mindfulness as 'very soothing', 'very relaxing and relieving.'

d. Increased ability to stop, slow down or take time-out

Participants described how one can easily get engulfed in today's fast-paced world and how mindfulness has helped to reduce the risk of getting caught up (Chetcuti, 2016; Christopher et al., 2008; Good & Lyddy, 2016). Natalie prevents this from happening by:

...għieli anke nkun fl-uffiċċju naqra ħin
waħdi...ngħid, 'Ħa nieqaf nara nistax
nagħmel ħames minuti niċċassa'
[tidħak]. *Staring into space.* Inzertajt
għandi t-tieqa maġenbi. Allura ngħid,
'Noqgħod inħares naqra lejn is-siġar u
l-għasafar.' *I make it a point għax it's
very easy...jien naħdem in the
corporate world, li f'dak l-ambjent you
start multitasking, and it becomes
ppewff [sound effect]*

...sometimes even when I would be
alone for some time in the office...I
say, 'Let me stop and see if I can
spend five minutes staring' [laughs].
Staring into space. I happen to have a
window next to me. So I say, 'I'll look
at the trees and birds for a while.' I
make it a point because it's very
easy...I work in the corporate world,
and in that environment you start
multitasking, and it becomes ppewff
[sound effect]

Natalie also talked about changes that she has done at work to lessen the risk of getting overwhelmed. The measures she adopted included, opening a maximum of

two windows concurrently on her browser (before she used to have around ten), not attending meetings that can be avoided, letting in only one person at a time in her office, and not taking work home any longer.

Whenever they get caught up, participants have become capable of realising it and are able to slow-down, stop, or take a time-out. For example, Karen mentioned:

It [mindfulness] helps me understand my thoughts more, it helps me to listen to my body more, it helps me to stop more, it helps me slow down, it helps me be present, it helps me do things one thing at a time, and I feel I'm healthier when I'm mindful.

Participants, such as Alexandra and Karen, also talked about taking time off work when they feel overwhelmed or become aware that they are being unmindful. They did not practise this before, and only took time off when extremely sick. Other participants also spoke about taking time-outs, both at work and at home, during which they spend a few minutes alone to calm down and process.

Superordinate Theme 6: Adopting a Mindful Lifestyle

All participants mentioned that adopting a mindful lifestyle was very beneficial, even though it was done to different extents. Many stated that it was easy to incorporate, as the techniques are very practical and simple for everyone to understand and practice (Kabat-Zinn et al., 2007; Penman & Williams, 2011b).

a. Transferring to different situations

Participants mentioned that mindfulness did not just help them with anxiety, but also in various other aspects in life (W.A. Caruana, 2015; Chetcuti, 2016; Christopher et al., 2008; Finucane & Mercer, 2006; Penman & Williams, 2011b; Kabat-Zinn et al., 2007). As Ivan mentioned:

...tgħin f' kull dipartiment...

...it helps in all departments...

Many participants remarked that mindfulness had a positive effect not only on themselves but also on their relationships and their work (Abbey et al., 2004; Allen

et al., 2006; D. Caruana, 2015; Barnes et al., 2007; Brummel & Dane, 2013; Evans & Finlay, 2009). 'So it has helped a lot. I think it's made me like myself, or accept myself more, it's given me a better relationship with my daughter, it's made me a better therapist...' (Alexandra). Research has also shown that when a therapist practices mindfulness on a personal basis, it has positive effects on efficacy as a therapist and on the clients (Brown et al., 2013).

b. Feeling healthy and happy

'...now after being through so much s*** I could see colour...before it was black and white.' This powerful quote by Ivan sums up what the participants have said regarding how positive and content they feel after pursuing mindfulness (Coffey et al., 2008). Emily added that, '...when you think in a positive way, better results are coming. It's good.'

Participants also spoke about feeling healthier both mentally and physically (Bonus et al., 2003; W.A. Caruana, 2015; Christopher et al., 2008; Fournier et al., 2015). Karen stated that, '...I feel I'm healthier when I'm mindful. If I lose that or especially if I try to go faster and push myself, I will get sick.'

c. Recommending or instilling a mindful lifestyle in others

Some participants mentioned that they found mindfulness so beneficial that they are recommending it to people. Alexandra said that she mentions it to friends and colleagues. She even instils such a lifestyle in her daughter, 'She now practices mindfulness herself, and she [uses]...the books of mindfulness for kids.' Ivan also mentioned recommending it to his adult children. Karen finds that, 'When I explain it as well to people, it makes a lot of sense to them, you know.'

Participants who work as therapists mentioned using it with clients, particularly those experiencing anxiety. They said that they notice very positive results and have even received positive feedback from the clients (Cigolla & Brown, 2011; Gerler & Schwarze, 2015; Horst et al., 2013).

d. Relationship with self

Participants noted that they became more compassionate, gentle, accepting, non-judgemental and respectful towards oneself (Abbey et al., 2004; Allen et al., 2006; Fulton, 2005; Wallace, 2001). This was something new for some as they had

never experienced the feeling or had only felt it a very long time ago, '*Tapprezza lilek innifsek* (you appreciate yourself); you're back to falling in love with yourself. And there is nothing worse when one is at a place where one hates oneself so much...' (Ivan).

Other participants also spoke about starting to feel the need to take care of themselves both physically and mentally, '...the thing that makes most sense to me is viewing myself, my physical self, as something that I need to take care of a lot' (Karen). Furthermore, others talked about becoming more understanding of themselves and their needs at particular moments (Evans & Finlay, 2009):

You start to understand yourself so then you understand, all right I need to go to the gym, I need to go for a...I need to stop now. I think that's also part of mindfulness, not just hitting the cushion (Adam).

Participants also mentioned that since practicing mindfulness, they have incorporated its positive values and have become better people (Christopher et al., 2008), '...I think mindfulness teaches you to be a better person...' (Steve). Emily mentioned that, '...I decided to have my own values, and the values it has, like kindness and so on, I took them as well.'

e. Relationship with others

Participants mentioned that mindfulness helped them ameliorate their relationships both in their personal life and in their work life (Barnes et al., 2007; Evans & Finlay, 2009; Wachs & Cordova, 2007). Such improvement was the result of better understanding and better communication. Alexandra saw a great difference in her daughter's behaviour when she started trying to understand her:

She went from this frowning, tantruming child, to going, 'Thanks Ma' [...] when you reason it out mindfully you realise that there is something going on here, you know, a child doesn't start throwing clothes around the room for nothing.

Maria also experienced an improvement in her relationship:

Taf int (You know) when you snap at each other you can be angry at each other, but, on the other hand, if you try to reach out and understand the anger of the partner, of the other person, it makes you become kinder and more empathic.

Most participants realised that they have also become more benevolent and compassionate towards others since practicing mindfulness (Fulton, 2005; Wallace, 2001). Natalie mentioned that:

...sirt iktar...nagħtu kas id-dar ngħin iktar lil ommi, għax naf li meta ħa npoġġi bilqiegħda biex nagħmel *mindfulness meditation*, dawk l-affarijiet pożittivi ta' matul il-ġurnata bla ma trid ħa jiġu lura.

...I have become more...for example, at home I help out my mother more, because I know that when I sit down to practice mindfulness meditation, the positive things of the day return to me without want

Conclusion

The aim of this chapter was to present the journey of eight participants who attempted to experience relief from their inexorable mind through mindfulness. An in-depth exploration of participants' experience of anxiety and mindfulness has been discussed and linked to literature available.

It seems that mindfulness brought about some extent of relief from the participants' difficult experience of anxiety. Some found mindfulness to be a sufficient treatment for their anxiety, while others felt the need to access additional help. The latter recounted how they still struggle daily with anxiety even though they have achieved some relief. Findings generally reflected the literature available, and any contradictions were explicated.

In the next chapter, I will outline implications of this research on the counselling practice, discuss the limitations of this study, and present recommendations for further research.

Conclusion

Introduction

This chapter presents a summary of the key research findings, followed by implications for the counselling profession, the limitations of the study, and finally the recommendations for future research.

Key Research Findings

Participants described anxiety as a difficult experience which presented a daily struggle. The cause of such anxiety seemed to vary from one participant to another. For a number of participants, a particular circumstance in their life triggered a significant increase in anxiety, while others experienced recurrent heightened anxiety every time they found themselves in a particular situation. The majority of the participants experienced some symptoms of anxiety early in life.

Anxiety featured in participants' thoughts, feelings, and behaviours. An inexorable mind was a common experience. This resulted in constant and incessant worry, particularly about perceived future threats. Consequently, fear was the predominant feeling among participants. Other common experiences were feelings of panic, overwhelm, hopelessness, frustration and exhaustion. Physical symptoms such as sweating, palpitations, tightness in the chest and tremors were also common among participants. These somewhat disabling thoughts, feelings, and physical symptoms resulted in participants engaging in avoidant behaviours in an attempt to reduce the possibility of experiencing them. Such avoidant behaviours interfered with the participants' daily functioning and held them back from carrying out certain activities such as travelling, particular hobbies, public functions and certain events.

Another common factor among participants was a lack of acknowledgement and understanding that what they were experiencing was actually anxiety. Some even thought that they were losing their minds or experiencing psychotic episodes. Research shows that these thoughts are particularly common during panic attacks (Johnson & Kring, 2012).

The participants expressed that a professional indication of what they were experiencing brought about great relief. This information was often provided by a psychiatrist. This was the most common primary help sought by the participants. In many cases, such visits resulted in the prescription of medication. The overall attitude of participants towards medication was somewhat negative. Other

professional help sought by them was through psychologists and psychotherapists. Many participants complemented this with self-help strategies, including CBT techniques, positive psychology, reading books, walking, a course in Gestalt Therapy, and sports.

Many of the participants discovered mindfulness and decided to pursue a course after it was suggested to them by their therapist or by friends. Others discovered it by themselves, and accessed it through yoga, reading, groups and retreats.

All participants highlighted the benefits of joining a group as opposed to practicing solely by themselves. Through such groups, they learnt mindfulness techniques and gained skills to incorporate in their lifestyle as a means of managing their anxiety. Participants mentioned that not all the techniques were applicable, and many adapted them according to their needs. Mindfulness requires time, perseverance and regular practice, and will only reach its full potential if one is willing to work for it. Apart from that, mindfulness and meditation proved to be very hard for some participants, particularly in highly anxiety-provoking situations. One starts to question whether mindfulness is effective for the participants in such circumstances.

Participants mentioned that engaging in mindfulness is many a time frowned upon by people. Slowing down and doing things calmly is not seen as desirable and is not praised in today's society. This contradicts the fact that mindfulness practice is increasing and is gaining popularity. Such increased demand was regarded as a drawback by participants, since mindfulness is becoming a business and at times exploitative.

Findings indicate that participants experienced a positive difference in their anxiety levels. This was the result of learning to be present in the moment, and of instilling awareness, acknowledgement and acceptance of thoughts, feelings and behaviours in a non-judgemental way. Being present in the now is contradictory to being caught up worrying about the future, and is described by participants as 'relaxing and relieving'. This also brought about other benefits such as reduced automatic pilot mode, less absent-mindedness, improved concentration and increased appreciation. Another aspect of mindfulness that helped with anxiety was that participants started to view things objectively. This prevented them from being sucked in a whirlpool of intensive emotions.

Participants experienced an amelioration in their anxiety to different extents. Some reported not experiencing any heightened anxiety or panic attacks again, while others still found the need to visit a psychiatrist after engaging in mindfulness.

All participants described mindfulness as soothing and relaxing, which seemed to be needed in order to cope with the symptoms brought about by anxiety. This sense of calmness helped them in various aspects of their personal and work life. As a result, they felt healthier and happier.

Findings indicate that participants developed the capability of slowing down or taking a time out. This was the result of an increased awareness of own needs at particular times. After engaging in mindfulness, taking care of oneself was prioritised. In fact, many participants mentioned a very considerable improvement in their relationship with themselves. The compassion, understanding and accepting attitude that they developed was also transmitted in their relationships with others.

Participants spoke very highly of the benefits that they experienced in many aspects of their life as a result of mindfulness, and hence they continuously recommended this approach.

Implications for the Counselling Profession

Since the prevalence of anxiety is somewhat high, it is likely to be a common presenting problem in counselling (Berglund et al., 2005; Kabat-Zinn et al., 2007). This affirms the importance for counsellors to understand thoroughly the experience of people going through anxiety. It would have been interesting to understand the local situation in this regard; however, a search for such literature yielded no results.

I believe that this dissertation made it possible for the reader to deeply appreciate the thoughts, feelings, behaviours and hardships that anxiety brought to these eight adults. Furthermore, it is crucial for counsellors to be aware of a contemporary approach and the techniques that seem to be very effective in the mitigation of anxiety. This research gives a detailed description of how and what has helped, with the information coming directly from people who have experienced such benefits.

Nevertheless, this study highlights that counsellors engaging in mindfulness must be cautious. Firstly, clients must be willing and ready to engage in such techniques. Utilising mindfulness with clients who are in the acute stages of particular disorders or who are not prepared to sit with their thoughts might be dangerous and harmful (Feldman & Hayes, 2004). Secondly, counsellors need to

be aware that not all aspects of mindfulness are compatible with everyone. In this regard, engaging in techniques that are ineffective, frustrating or disliked by the client may have negative consequences on the individual, the therapeutic relationship and the client's perception of therapy and mindfulness.

Some participants still felt the need to seek professional help after engaging in mindfulness. One might wonder whether mindfulness by itself is sufficient or whether including it as part of the therapeutic process would be more effective (Finucane & Mercer, 2006). In view of the foregoing, counsellors should keep this in mind if engaging in mindfulness techniques in therapy.

Participants mentioned a sense of being perceived in a negative way by society because they practice mindfulness. Therefore, it would be important for counsellors to be aware of the client's perceptions prior to suggesting such techniques.

Limitations of the study

Despite efforts being made to minimise shortcomings, some were inevitable:

- The sample included three males and five females; hence, there is limited description of males' experience. One might wonder whether this was because males find it more difficult to admit and talk about experiencing anxiety.
- Some participants seemed to be reluctant to give in depth information about the experience. This might have been the result of not having had the time to invest in a relationship, considering that I only met participants for the interview. Issues of social desirability might also have had an impact.
- Little literature was found regarding the biopsychosocial aspect of anxiety.
- Although the homogenous aspect that is recommended by IPA was achieved through the participants' experience, elimination of the age bracket among the sample may have impacted data analysis.
- There has been very limited local research regarding mindfulness. This made it more difficult to view results in the light of the Maltese context.
- Being an insider-researcher could have had an impact on the data analysis. Personal biases could have tainted the process, even though I went the extra mile to ensure that this would be minimal.

- One might also wonder whether the research question was sufficiently explored.

Recommendations for Future Research

Various potential research studies can be elicited from this study, as discussed below:

- Foreign literature demonstrates that mindfulness techniques are being used in therapy abroad and have been beneficial (Biegel et al., 2007; Cigolla & Brown, 2011; Davis & Hayes, 2011; Gerler & Schwarze, 2015; Horst et al., 2013). In the local scene, mindfulness appears to be a new approach that is being introduced gradually. A very valid research study for the counselling profession would be a qualitative or quantitative research that studies the attitudes, perceptions and experience of counsellors who engage in mindfulness techniques in Malta.
- Research conducted overseas also indicates that a counsellor's personal practice of mindfulness has benefits on the client and the therapeutic process (Brown et al., 2013; Horst et al., 2013). It would be beneficial to conduct such research locally.
- MBCT was originally developed as a treatment for depression (Arendt et al., 2011; Segal, Teasdale, & Williams, 2012). Therefore, it might be interesting to carry out a randomised control trial exploring how mindfulness helped with depression in Malta.
- Since the onset of anxiety is common during childhood and adolescence (Craske & Stein, 2016), it would also be fascinating to explore how mindfulness can help with anxiety or heightened emotions in kids and adolescents, by using qualitative, quantitative or mixed methods approaches.
- Participants mentioned that the messages from society towards their mindfulness practice and lifestyle were negative ones. It would be interesting to conduct a study which explores the attitudes of people who do not practice mindfulness.

Closure

As this journey comes to an end, I can say that the experience to conduct this research has definitely been one that I will cherish forever. It is a topic very close

to my heart, and this in-depth study has enriched me both personally and professionally. The experiences that the participants kindly shared left an impact on me as a researcher, as a counsellor, and as a person. I hope that by means of this research, and the voices of the participants, I can advocate and increase awareness about an approach that helped me and participants through the hardship brought about by anxiety. This might provide relief for someone out there who is experiencing an inexorable mind.

Appendices

Appendix A – Request for MACP as gatekeeper for research

Dear Ms. Galea,

Hope this email finds you in good health. I am Gabrielle Bartoli an M.Couns 3rd year student, and am currently filling in my UREC form in connection with my dissertation proposal. The title of my dissertation is: *How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.*

The purpose of this research is to explore how mindfulness has helped young adults who experience anxiety or have been diagnosed with an anxiety disorder, and perhaps to promote further understanding about the benefits of such an approach in counselling. This dissertation will be carried out under the supervision of Profs Jean Kathleen Wright and advice of Dr. Marlene Cauchi. Participants for this study will be young adults between the ages of 18 and 30 who have used mindfulness and/or meditation to control their anxiety or anxiety disorder. I will be using a qualitative approach with semi-structured interviews as the research tool.

I am sending this email to ask whether you would have any objection to forward my request to the Counsellors (MACP members) maybe they would know of eligible participants who they used mindfulness with in therapy as a tool for dealing with anxiety. This request will be sent if and when UREC approves my proposal. At that stage I would send you the required detailed information letter and the relevant consent form to be sent with the request. UREC is asking for your feedback in order to allow me to conduct my research. Your reply, if positive, will be attached to the form as appendix.

Thanking you in advance.

Regards,

Gabrielle Bartoli (396887M)

C.C. Profs Jean Kathleen Wright (Department of Counselling UoM)

Mar 12

Information MACP

to Silvia, me, Jeannie

Dear Ms Bartoli,

We will circulate your email once you have the necessary FREC and EUREC clearance.

Regards

Mark Pellicano MACP - Secretary

Appendix B – Recruitment email sent to MACP

10/7/17

to Information, Jean

Dear Ms. Galea,

Hope this email finds you in good health. With reference to our correspondence of March 12, 2017, I received a confirmation that UREC has accepted my ethics proposal and am now looking to recruit participants for my study. As mentioned I am a trainee counsellor reading for a graduate degree at the University of Malta. Part of my Master in Counselling degree coursework includes a dissertation. The title of my dissertation is: *How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.*

The purpose of this research is to explore how mindfulness has helped young adults who experience anxiety or have been diagnosed with an anxiety disorder, and perhaps to promote further understanding about the benefits of such an approach in counselling. This dissertation will be carried out under the supervision of Profs Jean Kathleen Wright and advice of Dr. Marlene Cauchi. Participants for this study will be young adults between the ages of 18 and 30 who have used mindfulness and/or meditation to control their anxiety or anxiety disorder. I will be using a qualitative approach with semi-structured interviews as the research tool.

The interview will last approximately an hour and will be audio-recorded and transcribed. After I have analysed all the information and the dissertation process is complete (a year from completion), I will destroy the recordings. I would appreciate it if you were to distribute the attached recruitment letter and consent forms to your members. Please note that:

- Participation in this study is entirely voluntary
- The researcher, supervisor and advisor are the only people who will have access to the raw data
- Anonymity will be respected and participants' identities will not be disclosed at any point. Participants will be given the option to choose own pseudonym
- Participants have the right to refrain from answering particular questions
- Participants may withdraw from the study at any time without having to provide an explanation for their withdrawal. Their data would then not be included.
- Participants will be given their transcripts and the results chapter to review, as well as a copy of the study once the correction process is complete.

Should you have any queries please do not hesitate to contact me, I will be very happy to answer any questions that you may have. Thank you for your time, support and consideration.

Yours truly,
Gabrielle Bartoli

Researcher

Gabrielle Bartoli

ID 396887 (M)

Mobile number: 79398700

Email: g.bartoli.3987@gmail.com

Research Supervisor

Profs Jean Kathleen Wright

Department of Counselling

Faculty for Social Well-Being, University of Malta

Email: jean.wright@um.edu.mt

Appendix C - Request for Registrar as gatekeeper for research

To whom it may concern,

I am Gabrielle Bartoli an M.Couns 3rd year student, and am currently filling in my UREC form in connection with my dissertation proposal. The title of my dissertation is: *How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.*

The purpose of this research is to explore how mindfulness has helped young adults who experience anxiety or have been diagnosed with an anxiety disorder, and perhaps to promote further understanding about the benefits of such an approach in counselling. This dissertation will be carried out under the supervision of Profs Jean Kathleen Wright and advice of Dr. Marlene Cauchi. Participants for this study will be young adults between the ages of 18 and 30 who have used mindfulness and/or meditation to control their anxiety or anxiety disorder. I will be using a qualitative approach with semi-structured interviews as the research tool.

I am sending this email to ask whether you would have any objection to forward my request to all students maybe anyone eligible would be interested in participating. This request will be sent if and when UREC approves my proposal. At that stage I would send you the required detailed information letter and the relevant consent form to be sent with the request. UREC is asking for your feedback in order to allow me to conduct my research. Your reply, if positive, will be attached to the form as appendix.

Thanking you in advance.

Regards,

Gabrielle Bartoli (396887M)

C.C. Profs Jean Kathleen Wright (Department of Counselling UoM)
Mar 13

Office of the Registrar (sent by elisa.vella@um.edu.mt)

to elisa.vella, me, Jean

Dear Ms Bartoli,

Thank you for your email.

The Office of the Registrar finds no objection with contacting students on your behalf for the purpose of inviting them to participate in the data collection phase of your study provided that:

- your supervisor confirms that this study forms part of the requirements of your UM course requirements
- proof is forwarded to the undersigned to show that the necessary ethical clearance has been granted (prior to contacting the relevant student population)
- the introductory text (including the link to the online survey) is forwarded to the undersigned.
- the target population is provided.

Regards,
Elisa Vella.

3:54 PM

Gaby Bartoli <g.bartoli.3987@gmail.com>

to Office, Jean, elisa.vella

Hi Ms. Vella,

Thanks for your email.

1. My supervisor is following this email thread, I will ask her to send you an email with the required confirmation.
2. I will send you ethical clearance proof once I receive it
3. I will not be having an online survey but one-to-one interviews
4. The target population is young adults between the ages of 18-30 who have engaged in mindfulness as a means of controlling their anxiety.

Regards,

Gaby Bartoli

Appendix D – Recruitment email sent to Registrar

10/7/17

to elisa.vella, Jean

Dear Ms. Vella,

Hope this email finds you in good health. With reference to our correspondence of March 12, 2017, I received a confirmation that UREC has accepted my ethics proposal and am now looking to recruit participants for my study. As mentioned I am a trainee counsellor reading for a graduate degree at the University of Malta. Part of my Master in Counselling degree coursework includes a dissertation. The title of my dissertation is: *How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.*

The purpose of this research is to explore how mindfulness has helped young adults who experience anxiety or have been diagnosed with an anxiety disorder, and perhaps to promote further understanding about the benefits of such an approach in counselling. This dissertation will be carried out under the supervision of Profs Jean Kathleen Wright and advice of Dr. Marlene Cauchi. Participants for this study will be young adults between the ages of 18 and 30 who have used mindfulness and/or meditation to control their anxiety or anxiety disorder. I will be using a qualitative approach with semi-structured interviews as the research tool.

The interview will last approximately an hour and will be audio-recorded and transcribed. After I have analysed all the information and the dissertation process is complete (a year from completion), I will destroy the recordings. I would appreciate it if you were to distribute the attached recruitment letter and consent forms to your members. Please note that:

- Participation in this study is entirely voluntary
- The researcher, supervisor and advisor are the only people who will have access to the raw data
- Anonymity will be respected and participants' identities will not be disclosed at any point. Participants will be given the option to choose own pseudonym
- Participants have the right to refrain from answering particular questions
- Participants may withdraw from the study at any time without having to provide an explanation for their withdrawal. Their data would then not be included.
- Participants will be given their transcripts and the results chapter to review, as well as a copy of the study once the correction process is complete.

Should you have any queries please do not hesitate to contact me, I will be very happy to answer any questions that you may have. Thank you for your time, support and consideration.

Yours truly,
Gabrielle Bartoli

Researcher

Gabrielle Bartoli

ID 396887 (M)

Mobile number: 79398700

Email: g.bartoli.3987@gmail.com

Research Supervisor

Profs Jean Kathleen Wright

Department of Counselling

Faculty for Social Well-Being, University of Malta

Email: jean.wright@um.edu.mt

Appendix E - Request for Mindfulness Malta as gatekeeper for research

Dear Ms. Hamarsnes,

Hope this email finds you in good health. I am Gabrielle Bartoli an M.Couns 3rd year student, and am currently filling in my UREC form in connection with my dissertation proposal. The title of my dissertation is: *How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.*

The purpose of this research is to explore how mindfulness has helped young adults who experience anxiety or have been diagnosed with an anxiety disorder, and perhaps to promote further understanding about the benefits of such an approach in counselling. This dissertation will be carried out under the supervision of Profs Jean Kathleen Wright and advice of Dr. Marlene Cauchi. Participants for this study will be young adults between the ages of 18 and 30 who have used mindfulness and/or meditation to control their anxiety or anxiety disorder. I will be using a qualitative approach with semi-structured interviews as the research tool.

I am sending this email to ask whether you would have any objection to forward my request to your clients may be anyone eligible would be interested in participating. This request will be sent if and when UREC approves my proposal. At that stage I would send you the required detailed information letter and the relevant consent form to be sent with the request. UREC is asking for your feedback in order to allow me to conduct my research. Your reply, if positive, will be attached to the form as appendix.

Thanking you in advance.

Regards,

Gabrielle Bartoli (396887M)

C.C. Profs Jean Kathleen Wright (Department of Counselling UoM)

Mar 13

Anne Hamarsnes

to me, Jean

Hi Gaby,

Yes sure I'd be happy to forward your request to my clients. I'm in fact running a mindfulness (MBCT) group for people with anxiety right now, they may be interested. But I can ask other clients as well, as I have used mindfulness a lot in my work with individual clients with anxiety. May I ask how many participants you are looking to recruit for your study? And whether you are also searching for participants from other sources?

Kind regards, Anne

Appendix F – Recruitment email sent to Mindfulness Malta

10/7/17

to Anne, Jean

Dear Ms. Hamarsnes,

Hope this email finds you in good health. With reference to our correspondence of March 12, 2017, I received a confirmation that UREC has accepted my ethics proposal and am now looking to recruit participants for my study. As mentioned I am a trainee counsellor reading for a graduate degree at the University of Malta. Part of my Master in Counselling degree coursework includes a dissertation. The title of my dissertation is: *How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.*

The purpose of this research is to explore how mindfulness has helped young adults who experience anxiety or have been diagnosed with an anxiety disorder, and perhaps to promote further understanding about the benefits of such an approach in counselling. This dissertation will be carried out under the supervision of Profs Jean Kathleen Wright and advice of Dr. Marlene Cauchi. Participants for this study will be young adults between the ages of 18 and 30 who have used mindfulness and/or meditation to control their anxiety or anxiety disorder. I will be using a qualitative approach with semi-structured interviews as the research tool.

The interview will last approximately an hour and will be audio-recorded and transcribed. After I have analysed all the information and the dissertation process is complete (a year from completion), I will destroy the recordings. I would appreciate it if you were to distribute the attached recruitment letter and consent forms to your members. Please note that:

- Participation in this study is entirely voluntary
- The researcher, supervisor and advisor are the only people who will have access to the raw data
- Anonymity will be respected and participants' identities will not be disclosed at any point. Participants will be given the option to choose own pseudonym
- Participants have the right to refrain from answering particular questions
- Participants may withdraw from the study at any time without having to provide an explanation for their withdrawal. Their data would then not be included.
- Participants will be given their transcripts and the results chapter to review, as well as a copy of the study once the correction process is complete.

Should you have any queries please do not hesitate to contact me, I will be very happy to answer any questions that you may have. Thank you for your time, support and consideration.

Yours truly,
Gabrielle Bartoli

Researcher

Gabrielle Bartoli

ID 396887 (M)

Mobile number: 79398700

Email: g.bartoli.3987@gmail.com

Research Supervisor

Profs Jean Kathleen Wright

Department of Counselling

Faculty for Social Well-Being, University of Malta

Email: jean.wright@um.edu.mt

Appendix G - Request for Power Yoga World as gatekeeper for research

Dear Ms. Abela,

Hope this email finds you in good health. I am Gabrielle Bartoli an M.Couns 3rd year student, and am currently filling in my UREC form in connection with my dissertation proposal. The title of my dissertation is: *How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.*

The purpose of this research is to explore how mindfulness has helped young adults who experience anxiety or have been diagnosed with an anxiety disorder, and perhaps to promote further understanding about the benefits of such an approach in counselling. This dissertation will be carried out under the supervision of Profs Jean Kathleen Wright and advice of Dr. Marlene Cauchi. Participants for this study will be young adults between the ages of 18 and 30 who have used mindfulness and/or meditation to control their anxiety or anxiety disorder. I will be using a qualitative approach with semi-structured interviews as the research tool.

I am sending this email to ask whether you would have any objection to forward my request to your clients may be anyone eligible would be interested in participating. This request will be sent if and when UREC approves my proposal. At that stage I would send you the required detailed information letter and the relevant consent form to be sent with the request. UREC is asking for your feedback in order to allow me to conduct my research. Your reply, if positive, will be attached to the form as appendix.

Thanking you in advance.

Regards,

Gabrielle Bartoli (396887M)

C.C. Profs Jean Kathleen Wright (Department of Counselling UoM)



11:00 AM

Sveta (PowerYogaWorld)

to me

Dear Ms. Bartoli,

I have no objection to your request

Regards

Sveta
PowerYogaWorld

Tel: [\(+356\) 7922 6112](tel:+35679226112)
Email: sveta@poweryogaworld.com

Appendix H – Recruitment email sent to Power Yoga World

10/7/17

to Sveta, Jean

Dear Ms. Abela,

Hope this email finds you in good health. With reference to our correspondence of March 12, 2017, I received a confirmation that UREC has accepted my ethics proposal and am now looking to recruit participants for my study. As mentioned I am a trainee counsellor reading for a graduate degree at the University of Malta. Part of my Master in Counselling degree coursework includes a dissertation. The title of my dissertation is: *How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.*

The purpose of this research is to explore how mindfulness has helped young adults who experience anxiety or have been diagnosed with an anxiety disorder, and perhaps to promote further understanding about the benefits of such an approach in counselling. This dissertation will be carried out under the supervision of Profs Jean Kathleen Wright and advice of Dr. Marlene Cauchi. Participants for this study will be young adults between the ages of 18 and 30 who have used mindfulness and/or meditation to control their anxiety or anxiety disorder. I will be using a qualitative approach with semi-structured interviews as the research tool.

The interview will last approximately an hour and will be audio-recorded and transcribed. After I have analysed all the information and the dissertation process is complete (a year from completion), I will destroy the recordings. I would appreciate it if you were to distribute the attached recruitment letter and consent forms to your members. Please note that:

- Participation in this study is entirely voluntary
- The researcher, supervisor and advisor are the only people who will have access to the raw data
- Anonymity will be respected and participants' identities will not be disclosed at any point. Participants will be given the option to choose own pseudonym
- Participants have the right to refrain from answering particular questions
- Participants may withdraw from the study at any time without having to provide an explanation for their withdrawal. Their data would then not be included.
- Participants will be given their transcripts and the results chapter to review, as well as a copy of the study once the correction process is complete.

Should you have any queries please do not hesitate to contact me, I will be very happy to answer any questions that you may have. Thank you for your time, support and consideration.

Yours truly,
Gabrielle Bartoli

Researcher

Gabrielle Bartoli

ID 396887 (M)

Mobile number: 79398700

Email: g.bartoli.3987@gmail.com

Research Supervisor

Profs Jean Kathleen Wright

Department of Counselling

Faculty for Social Well-Being, University of Malta

Email: jean.wright@um.edu.mt

Appendix I - Interview Guide - English

1. What is your experience with anxiety?
2. When did you decide to go/ were referred for help for anxiety?
3. What kind of help did you go for/receive?
4. How and why did you turn to mindfulness?
5. What is your experience of mindfulness and meditation?
6. What in general did you find helpful about mindfulness meditation?
7. What in general did you find unhelpful about mindfulness meditation?
8. How did practicing mindfulness change your experience of anxiety?
9. What is your experience of mindfulness today?
10. What is your experience with anxiety today?

Appendix J - Interview Guide- Maltese

1. X'inhi l-esperjenza tiegħek tal-ansjetà?
2. Meta ddecidejt li tfittex/ġejt irreferut/a għall-għajjnuna għall-ansjetà?
3. X'tip ta' għajjnuna fittixt/sibt?
4. Kif u għalfejn għażilt *mindfulness*?
5. X'inhi l-esperjenza tiegħek ta' *mindfulness* u *meditation*?
6. B'mod ġenerali, x'sibt ta' għajjnuna fil-*mindfulness meditation*?
7. B'mod ġenerali, x'ma sibtx ta' għajjnuna fil-*mindfulness meditation*?
8. Kif kienet affettwata l-ansjetà bil-*mindfulness* u *meditation* li kont qed tipprattika?
9. X'inhi l-esperjenza tiegħek ta' *mindfulness* illum il-ġurnata?
10. X'inhi l-esperjenza tiegħek ta' ansjetà illum il-ġurnata?

Appendix K – Information letter - English

HOW CAN MINDFULNESS HELP WITH ANXIETY? THE JOURNEY OF YOUNG ADULTS IN MALTA SEARCHING FOR RELIEF FROM THEIR INEXORABLE MIND.

Information letter to prospective participants (English)

I am a trainee counsellor reading for a Master in Counselling at the University of Malta. As part of my coursework I am to conduct a research project, which I will be carrying out under the supervision of Profs Jean Kathleen Wright. I will be exploring the experiences of young adults who have used mindfulness as a means of keeping their anxiety under control. The participants must be 18-30 years of age, experience anxiety or are diagnosed with an anxiety disorder, used mindfulness techniques to keep anxiety under control, and are stable and capable of keeping their anxiety under control.

I will be using individual interviews as the research tool to collect data for this study. The interview will last approximately an hour and will be audio-recorded and transcribed. Interviews will be carried out at a time and place convenient to participants. The recordings will be destroyed a year from completion of the research study. It is also important to note that:

- participation in this study is entirely voluntary;
- the researcher, supervisor and advisor are the only people who will have access to the raw data;
- anonymity will be respected and participants' identities will not be disclosed at any point. Participants will be given the option to choose own pseudonym;
- participants have the right to refrain from answering particular questions;
- participants may withdraw from the study at any time without having to provide an explanation for their withdrawal. Their data would then not be included;
- participants will be given their transcripts and the results chapter to review, as well as a copy of the study once the correction process is complete.

Should you have any queries, please do not hesitate to contact me.

Thank you for your time and consideration.

Yours truly,

Gabrielle Bartoli

Researcher

Gabrielle Bartoli

ID 396887 (M)

Mobile number: 79398700

Email: g.bartoli.3987@gmail.com

Research Supervisor

Profs Jean Kathleen Wright

Department of Counselling

Faculty for Social Well-Being, University of Malta

Email: jean.wright@um.edu.mt

Appendix L – Information letter - Maltese

HOW CAN MINDFULNESS HELP WITH ANXIETY? THE JOURNEY OF YOUNG ADULTS IN MALTA SEARCHING FOR RELIEF FROM THEIR INEXORABLE MIND.

Ittra ta' informazzjoni lill-partecipanti prospettivi (Malti)

Jiena *trainee counsellor* u bħalissa qed naħdem fuq *graduate degree* fl-Università ta' Malta. Parti mill-ħidma tiegħi għall-grad ta' *Master in Counselling* tinkludi dissertazzjoni, li jiena se nagħmel taħt is-superviżjoni ta' Profs. Jean Kathleen Wright. Jien se nesplora l-esperjenzi ta' adulti żgħar li wżaw il-*mindfulness* bħala mezz kif iżommu l-ansjetà taħt kontroll. L-adulti żgħar li jaqblu li jieħdu sehem, irid ikollhom bejn it-18 u t-30 sena, jesperjenzaw ansjetà jew li ibagħtu min *anxiety disorder*, użaw il-*mindfulness* biex iżommu l-ansjetà taħt kontroll, u bħalissa jinsabu stabbli u kapaċi jżommu l-istess ansjetà taħt kontroll.

Bħala għodda ta' riċerka sabiex niġbor it-tagħrif għal dan l-istudju, jien se ninqeda b'intervisti individwali. L-intervista ddum madwar siegħa u se tiġi rrekordjata b'mod awdjo u traskritta. L-intervisti jsiru f'ħin u post komdu għall-partecipanti. Wara li nkun analiżżajt l-informazzjoni kollha u temmejt il-proċess tad-dissertazzjoni (sena minn meta titlesta), jien neqred il-materjal irrekordjat.

Jekk jogħġbok, innota li:

- il-partecipazzjoni f'dan l-istudju hija kompletament volontarja u inti liberu/libera li tirrifjuta li tieħu sehem;
- it-tagħrif kollu mhux ipproċessat se narah jien u s-superviżur/konsulent tiegħi biss;
- l-anonimità se tiġi rrispettata u l-identitajiet mhumiex se jinkixfu f'ebda stadju. Inti tingħata l-possibbiltà li tagħzel il-pseudonimu tiegħek;
- il-partecipanti jkollhom id-dritt li ma jwiġbux kwalunkwe mistoqsija;
- il-partecipanti jistgħu jirtiraw mill-istudju meta jridu mingħajr ma jagħtu spjegazzjoni għalfejn. It-tagħrif tagħhom imbagħad ma jintużax;
- il-partecipanti se jingħataw it-traskrizzjoni tagħhom u l-kapitlu dwar ir-riżultati sabiex jeżaminawh, kif ukoll kopja tal-istudju ladarba jkun intemm il-proċess tal-emendi.

Jekk tkun tixtieq tiċċara xi ħaġa, jekk jogħġbok, ċempilli jew agħmel kuntatt bl-emejl. Ma nsibx diffikultà li nwieġeb il-mistoqsijiet tiegħek.

Grazzi tal-ħin u tal-konsiderazzjoni tiegħek.

Saħħiet,

Gabrielle Bartoli

Riċerkatur
 Gabrielle Bartoli
 ID 396887 (M)
 Numru tal-mowbajl: 79398700
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 g.bartoli.3987@gmail.com
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Appendix M - Consent form - English

Name of Researcher: Gabrielle Bartoli
ID: 396887 (M)
Address: 'Lantana' 65 Ghar Barka Street Rabat RBT 3024
Mobile No: 79398700
Email: g.bartoli.3987@gmail.com

Name of Dissertation Supervisor: Profs. Jean Kathleen Wright

Email: jean.wright@um.edu.mt

Title of dissertation: How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.

Statement of purpose of the study: I will be exploring the experiences of young adults who live with anxiety or are diagnosed with an anxiety disorder and have attended mindfulness training or have been to therapy sessions whereby mindfulness was used as a tool, as an attempt to keep the anxiety under control. The purpose of this research is to explore how mindfulness has helped these young adults who experience, and perhaps to promote further understanding about the benefits of such an approach in counselling.

Method of data collection: Individual audio-recorded semi-structured interviews

Use made of the information: For dissertation research purposes only.

With this Consent Form I, Gabrielle Bartoli, declare that I will abide to the following conditions:

- i. Your real name/identity will not be used at any point in the study and you have the option to choose your own pseudonym.
- ii. You are free to withdraw from the study at any point in time and for whatever reason without there being any consequences. In the case that you withdraw, all records and information collected will be destroyed.
- iii. There will be no deception in the data collection process of any sort.
- iv. The interview will be audio-recorded.
- v. You will be given a copy of your transcript and later the results chapter, for your feedback and verification,
- vi. The recording will be destroyed one year after the research process has come to an end.
- vii. A copy of the research will be handed to you on CD or as a hard copy at your request.

Participant

I, _____ agree to
the conditions:

Name of participant

Signature of participant

Date

Researcher

I, _____ agree to the
conditions.

Name of researcher

Signature of researcher

Date

Dissertation Supervisor

Signature of dissertation supervisor

Date

Appendix N – Consent form - Maltese

Isem ir-Riċerkatur: Gabrielle Bartoli
ID: 396887 (M)
Indirizz: Lantana 65 Ghar Barka Street Rabat RBT 3024
Nru tal-mowbajl: 79398700
Indirizz elettroniku: g.bartoli.3987@gmail.com

Isem tas-superviżur tad-dissertazzjoni: Prof. Jean Kathleen Wright
Indirizz elettroniku: jean.wright@um.edu.mt

Titlu tad-dissertazzjoni: How can mindfulness help with anxiety? The journey of young adults in Malta searching for relief from their inexorable mind.

Dikjarazzjoni għall-iskop tal-istudju: Jien se nistħarreg l-esperjenzi ta' adulti żgħar li jgħaddu minn xi ansjetà jew li jbagħtu minn *anxiety disorder*, u li attendew kors fuq il-prattika ta' *mindfulness* jew għal terapija fejn *mindfulness* gie wżat mill-professionist, bħala attentat biex l-ansjetà tinżamm taħt kontroll. L-għan ta' din ir-riċerka huwa biex jiġi magħruf kif *mindfulness* għen lil dawn l-adulti żgħar, u bħala attentat biex ikun hemm aktar għarfien fuq il-benefiċċji ta' *mindfulness* fil-*counselling*.

Metodi ta' għbir tad-dejta: Intervisti individwali semistrutturati u rrekordjati b'mod awdjo.

Kif se tintuża l-informazzjoni: Bi skop ta' riċerka għad-dissertazzjoni biss.

B'din il-formola ta' kunsens, jien, Gabrielle Bartoli, inwiegħed li nonora l-kundizzjonijiet li ġejjin matul il-proċess kollu tar-riċerka:

- i. L-isem reali/l-identità tiegħek mhumiex se jintużaw f'ebda stadju tal-istudju, u inti għandek il-possibbiltà li tagħzel il-pseudonimu tiegħek.
- ii. Inti liberu/libera li tirtira mill-istudju fi kwalunkwe stadju u għal kwalunkwe raġuni mingħajr ma jkun hemm konsegwenzi. Fil-każ li tirtira, ir-records u l-informazzjoni kollha miġbura jiġu meqruda.
- iii. Mhu se jkun hemm ebda forma ta' qerq fil-proċess tal-għbir tat-tagħrif.
- iv. L-intervista se tkun irrekordjata b'mod awdjo.
- v. Inti se tingħata kopja tat-traskrizzjoni tiegħek, u iktar tard il-kapitlu dwar ir-riżultati, għar-reazzjonijiet u l-verifika min-naħa tiegħek.
- vi. Il-materjal irrekordjat se jinqered sena wara li jkun intemm il-proċess tar-riċerka.
- vii. Tingħatalek kopja tar-riċerka fuq CD jew f'għamla stampata fuq talba tiegħek.

Parteċipant

Jien, _____
 naqbel mal-kundizzjonijiet.

Isem il-parteċipant

Firma tal-partecipant

Data

Riċerkatur

Jien, _____ naqbel mal-
kundizzjonijiet.

Isem ir-riċerkatur

Firma tar-riċerkatur

Data

Supervizur tad-dissertazzjoni

Firma tas-supervizur tad-dissertazzjoni

Data

Appendix O – UREC Form

Gabrielle BARTOLI
SWB 076/2017UNIVERSITY OF MALTA
UNIVERSITY RESEARCH ETHICS COMMITTEE
Check list to be included with UREC proposal form

Please make sure to tick ALL the items. Incomplete forms will not be accepted.

| | | YES | NOT APP. |
|-----|--|-----|----------|
| 1a. | Recruitment letter / Information sheet for subjects, in English | X | |
| 1b. | Recruitment letter / Information sheet for subjects, in Maltese | X | |
| 2a. | Consent form, in English, signed by supervisor, and including your contact details | X | |
| 2b. | Consent form, in Maltese, signed by supervisor, and including your contact details | X | |
| 3a. | In the case of children or other vulnerable groups, consent forms for parents/ guardians, in English | | X |
| 3b. | In the case of children or other vulnerable groups, consent forms for parents/ guardians, in Maltese | | X |
| 4a. | Tests, questionnaires, interview or focus group questions, etc, in English | X | |
| 4b. | Tests, questionnaires, interview or focus group questions, etc, in Maltese | X | |
| 5a. | Other institutional approval <i>for access to subjects</i> : Health Division, Directorate for Quality and Standards in Education, Department of Public Health, Curia... | | X |
| 5b. | Other institutional approval <i>for access to data</i> : Registrar, Data Protection Officer Health Division/Hospital, Directorate for Quality and Standards in Education, Department of Public Health... | X | |
| 5c. | Approval from person <i>directly responsible for subjects</i> : Medical Consultants, Nursing Officers, Head of School... | | X |

| | |
|--|------------|
| Received by Faculty office on | 29/03/2017 |
| Discussed by Faculty Research Ethics Committee on | 07/04/2017 |
| Discussed by university Research Ethics Committee on | |

Bartoli
JW

To be completed by Faculty Research Ethics Committee

We have examined the above proposal and advise

Acceptance Refusal Conditional Acceptance

For the following reason/s:

Signature:  Date: 6/4/2017

To be completed by University Research Ethics Committee

We have examined the above proposal and advise

Acceptance Refusal Conditional Acceptance

For the following reason/s:

Signature:  Date: 15/5/2017

Appendix P – Transcript Excerpt: Natalie (P-participant; R-researcher)

| Transcript | Notes | Themes |
|---|--|---|
| <p>P: Preċiżament. Jew anke <i>r-racing thoughts</i>, pereżempju, issa kapaċi nagħtihom isem. Filwaqt li qabel kif kont inħosshom kienu jbeżżgħuni u kont ngħid li forsi jien persuna miġnuna, pereżempju. Menti issa kapaċi narahom iktar b'mod...ermm...kalm, biex tgħid hekk. U...jew pereżempju...u permezz t'hekk ngħid, "Ok issa qed tħossok qed tirrabja", u ma noqgħodx ngħid, "Qed nagħmel ħażin għax qed nirrabja", naċċettaha. Kulħadd jista' jitlagħlu, u tieqaf s'hemmhekk. Jigjifieri...f'hekk verament għenitni. Kienet ħaġa gradwali però...dan mhux oġġett ta' <i>months</i> ehh għax ngħid qisni bdejt inħoss verament l-effett pożittiv iktar minn sena, forsi sena u nofs. Imma bqajt nirsisti għax bdejt nara li kien hemm dawn <i>l-incremental changes</i> pożittivi u għidt, "Sinjal li hemm xi ħaġa tajba."</p> <p>R: U inti għamilt <i>l-eight week</i> course?</p> <p>P: Naħseb kien <i>shortened</i>...għandu jkun xi <i>six weeks</i>, xi ħaġa hekk.</p> | <ul style="list-style-type: none"> • Being able to label racing thoughts – knowing what is happening – relief • Used to scare her before • Used to think she is crazy • Now looks at them more calmly • Awareness of what she is feeling • Acceptance of what she is feeling • Acceptance of feelings she did not accept before – anger • Helped her a lot • Gradual process – takes time and persistence • Started to really feel the positive changes after around a year • Perseverance – because of increased positive changes • Believed that there must be something good • Six week course | <ul style="list-style-type: none"> • Thoughts experienced • Difficulty with understanding and/or articulating the anxiety experience • Calming and soothing • Awareness • Acceptance • Impact on anxiety • Regular practice and time • Impact on anxiety • Regular practice, perseverance and time • Turning to mindfulness |

Appendix Q – Transcript Excerpt: Maria (P-participant; R-researcher)

| Transcript | Notes | |
|---|---|---|
| <p>P: <i>Not really, not really, not really.</i> Eemm...<i>il-mindfulness</i> propjament għamiltha bħala <i>prevention</i> bdejt fuqha. L-ewwel ħaġa kont nisma' fuqha imma mbagħad speċi tinqalalek l-opportunita', hux vera? Kien hemm *** u tagħmel kuntatt. L-ewwel ħaġa ssir taf biha, imbagħad tgħid hemm żmien fejn nista' mmur ghax m'għandix <i>commitments</i> oħra...allura <i>things come together</i>. Eemm, ehe. Kien se jkun hemm sitwazzjoni fejn membru tal-familja tiegħi kienet marida, qed tifhem? Allura qisni ridt an <i>external support</i>. Qisni s-sapport tiegħi mhux bħala <i>therapeutic</i>, pjuttost naghmel xi kors biex imbagħad ikolli daqsxejn <i>self-help</i>. Minn dak l-att. Imma qatt ma fittixt u lanqas, <i>I don't resort to medication</i> jew hekk; taf xi rrid ngħid? Imma mbagħad ikolli dawn id-daqsxejn ta' eemm...<i>hints</i>, daqsxejn <i>self-help information</i> li tgħinni.</p> | <ul style="list-style-type: none"> • 1st help mindfulness • Mindfulness as prevention • Heard about it • Went for course when needed – for prevention • Needed external support when family member fell ill • Turned to mindfulness • Courses for self-help other than therapy for support • Does not resort to medication • Learns tips for self-help which helps her • Knew about mindfulness but did not need it before | <ul style="list-style-type: none"> • Turning to mindfulness • Turning to mindfulness • Turning to mindfulness • Turning to mindfulness • Professional help or self-help apart from mindfulness • Medication • Turning to mindfulness |

Appendix R – Transcript Excerpt: Adam (P-participant; R-researcher)

| Transcript | Notes | Themes |
|---|--|---|
| <p>R: Was there anything that was not helpful?</p> <p>P: Ehe I think so. If you're in...if your mind is really, really fast...thoughts, worry and what not, and you meditate [huffs] it's har...even now thinking about it! Because you become aware of the speed. And if the speed...you are bound to attach. It's like you hold to a car, and if this car is going fast [says it in a way to indicate speed] it's like you can't let go. It's like an electric shock. And you have thoughts and worries and everything are coming at the same time. Of course you're looking at them imma [laughs]...it's really hard. So ehe that's one point...and the second one is; you need a guidance eh. Ghax I've seen many people in groups and what not, that when they start becoming aware they become very negative. Ghax they want to change the world, they want to...of course they would want to share their</p> | <ul style="list-style-type: none"> • -ve of mindfulness/meditation: very hard to meditate when mind is really fast – very active • Thoughts/worries • Overwhelming/frustrating • Speed – racing • Attach to speed – difficult to slow down • Difficult to let go • Electric shock • Thoughts/ worries • Looking at them objectively • Awareness • Really hard • Overwhelming to meditate when anxious • Need guidance • Many become –ve when they become aware • Want to change the world • Want to share their experience | <ul style="list-style-type: none"> • Negative aspects of mindfulness • Thoughts experienced • Negative aspects of mindfulness • Thoughts experienced • Thoughts experienced • Different way of thinking and perceiving • Awareness • Negative aspects of mindfulness • Turning to mindfulness • Awareness |

Appendix S – Transcript Excerpt: Steve (P-participant; R-researcher)

| Transcript | Notes | Themes |
|---|--|---|
| <p>P: I incorporated it by...when I appreciate things more. Like I like to go out for walks, so when I go out for a walk I'll be like, 'ejja...rather than just letting your mind race, why don't you just appreciate the trees you're seeing, the scenery.' Even food, when eating food, maybe eating it more slowly...so very, very simple banal things really. And also of course with anxiety, when I had anxious moments I try to incorporate it. I mean once you finish the course sometimes you forget things, so...that's the disadvantage. I think one thing with mindfulness it should...there should be some space...if I did a six week course ok it's good, but there should also be a space where you try to integrate it into your normal life routine post course, you know. Because I think that's important, because at the moment I am thinking of it as a nice memory, like 'ah remember when I was doing</p> | <ul style="list-style-type: none"> • Appreciation • Mindfulness in everyday tasks • Bringing self to present • Racing mind • Appreciation • Using the senses to stay in moment • Using mindfulness in daily activities • Using the senses to stay in moment • Slowing down • Uses mindfulness in anxious moments • -ve: forget things when finishing course • -ve: should be space after course for guidance with incorporating it in everyday life • Six week course • Only a nice memory – did not incorporate it • Mindfulness +ve | <ul style="list-style-type: none"> • Being present in the moment • Being present in the moment • Thoughts experienced • Being present in the moment • Adopting a mindful lifestyle • Being present in the moment • Increased ability to stop, slow down or take time-out • Impact on anxiety • Negative aspects of mindfulness • Turning to mindfulness • Turning to mindfulness |

Appendix T – Transcript Excerpt: Emily (P-participant; R-researcher)

| Transcript | Notes | Themes |
|--|---|---|
| <p>P: It works if you work. But to be honest even if you don't meditate that much, as soon as you meditate you feel it. But if you don't...still if you take the practice to your daily life and think like ok this is important, this is not important, now my brain is playing, now I'm really worried because this is important. If you apply it to yourself it works as well, of course then the addition is like the perfection. As a practice it gives you a lot of tranquillity, let's say.</p> <p>R: What would you say helped you most in mindfulness?</p> <p>P: To catch my brain when it was going somewhere else...because I thought that it was ok it's going there and it has to go there, no it has to...you have the power to not let it go there. So when I realised that I have this like ability, like everybody has but not everybody knows that we can stop that, it was like very good [sounds of relief].</p> | <ul style="list-style-type: none"> • Mindfulness needs regular practice and commitment to work • If you don't practice meditation frequently once you do you immediately feel benefits • You can take practice to everyday life even if you don't meditate • Mindfulness helps decipher which thoughts are important and not • Awareness • You can apply it to daily life • When meditating the practice will be perfect • Tranquillity • Awareness +ve • Noticing when brain is drifting off • Having the power to bring your mind back when it starts drifting off • Sense of control • Awareness of this ability = Relief | <ul style="list-style-type: none"> • Regular practice, perseverance and time • Adopting a mindful lifestyle • Different way of thinking and perceiving • Awareness • Adopting a mindful lifestyle • Calming and soothing • Awareness • Acknowledgement • Being present in the moment • Impact on anxiety • Awareness |

Appendix U – Transcript Excerpt: Alexandra (P-participant; R-researcher)

| Transcript | Notes | Themes |
|--|---|--|
| <p>P: So I said ok not everything is going to work for me. So still to this day body scan does nothing for me, but I do use it with my clients now, <i>igifieri</i>, because I know it works for some people. But there were a lot of things that helped me, and some very major realisations that were brought about from mindfulness for me that were like a light bulb, you know when I kind of got...heard them and understood them. And I thought 'ahh yes, true!' What was I panicking about? Such as for example the not judging the feeling that you are feeling when you are feeling anxious, which is...you know, the judgement is what causes it to grow and build into a panic attack. So when you learn that it's just another feeling, that you know, you don't need to judge it, it's not good or bad. Automatically it loses power over you, so you lose your fear, and that helped a lot.</p> | <ul style="list-style-type: none"> • Not all mindfulness techniques work with everyone • Some techniques not effective for her, but effective with others (clients) • Engages in mindfulness with clients • Many things that helped • Awareness • Put things into perspective • Not judging feelings • Not judging feeling anxious • Accepting • Judgement = panic attack • Acknowledgement that anxiety is just feelings • Accepting • No need to judge • Feelings are not good or bad • Awareness, acknowledgement and acceptance = anxiety loses power • Lose fear | <ul style="list-style-type: none"> • Picking and choosing aspects of mindfulness • Recommending or instilling a mindful lifestyle in others • Awareness • Different way of thinking and perceiving • Awareness • Acknowledgement • Acceptance • Impact on anxiety • Awareness, acknowledgement, acceptance • Impact on anxiety |

Appendix V – Transcript Excerpt: Karen (P-participant; R-researcher)

| Transcript | Notes | Themes |
|---|--|--|
| <p>P: I think the body is like the engine you know what I mean, <i>allura</i> the food you give it is important, the air you breathe is important, the way you keep yourself is important. <i>It</i> guides you...so when I'm sick I say there is something wrong, something is not functioning well. Even if you talk about depression I think something is not functioning well, it's like mind and body have split up. In fact even with clients people say like...they talk about their thoughts like they don't belong to them. So I'd have to kind of do a check-up...What am I thinking? What am I feeling? What am I going through? Because there must be something wrong that I'm unwell. Am I working too much? Like when I get sick for me that's a sign of being tired and pushing myself, for example, so I know I need to rest. It's not many years ago I wouldn't take a day off just to rest, usually I take a day off if</p> | <ul style="list-style-type: none"> • Body is very important • She emphasises a lot on awareness of body • What you give your body will have an impact • Taking care of self physically is important • Emphasis – body guides you • The body gives us physical messages about our well-being • Depression – body and mind have split • When sick she checks what she is thinking, feeling and what she is currently going through • Being sick = physical message that something is wrong psychologically • Being sick = being tired, pushing herself, overworking • Body awareness • Takes time off when she becomes aware that she needs to rest • Did not do this in the past • Understanding what she needs | <ul style="list-style-type: none"> • Awareness • Relationship with self • Awareness • Awareness • Awareness • Awareness • Increased ability to stop, slow down or take time-out • Relationship with self |

Appendix W – Transcript Excerpt: Ivan (P-participant; R-researcher)

| Transcript | Notes | Themes |
|---|---|---|
| <p>P: Yeah. So stomach hurts, skin hurts, hair...you go to the best of restaurants and you feel like you don't appreciate the food, you just gulp it down, and you know there's...you don't...live and enjoy the moment...you're living in thought. It's like living thinking of your worst fears and let them fears spoil every moment.</p> <p>R: It's like you were living in a...for quite a few years in negativity, in worry and you weren't letting yourself enjoy life, enjoy the little things, appreciate the little things...</p> <p>P: Exactly. I was married in Ireland and my wife is a very, very positive person, and I was the worrier. And she told me listen you spoil every moment because like you go to a place and the kids order something and you see how much you're spending...it's like, appreciate the moment not worry and...you know.</p> | <ul style="list-style-type: none"> • Physical symptoms • Not appreciative • Not enjoying food • Not living in the present • Not enjoying the present • Lost in thoughts • Constant thoughts • Thoughts about fears • Spoiling every moment • Worrier • Felt difference compared to wife • Wife pointed it out • Spoiling every moment • Constant worry • Not appreciating the moment • Constant worry not letting him enjoy moment. • Focus on money | <ul style="list-style-type: none"> • Physical aspects • Being present in the moment • Being present in the moment • Thoughts experienced • Feelings experienced • Being present in the moment • Thoughts experienced • Being present in the moment • Thoughts experienced • Awareness |

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