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A Qualitative Investigation of Mindfulness Practice with Clients Suffering from Anxiety

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Abstract

Mindfulness has been proposed as a potentially important new approach for the treatment of anxiety and has been increasingly used in clinical practice. However, to date no studies have researched the approaches that clinicians use in practice with anxiety. The goal of this study was to qualitatively investigate these approaches for anxiety using interviews with therapists on the ways they incorporate mindfulness in their approach with clients with anxiety. Six therapists outside of the formal approaches of mindfulness were interviewed. The interviews were semi-structured and questions were asked about their use of mindfulness in practice with anxiety. The interviews were then transcribed and analyzed using grounded theory. The themes that were found in the data were: teaching awareness of self and anxiety, teaching openness and acceptance of anxiety, use of mindfulness exercises, taking mindfulness into everyday life, use of mindfulness in practice as an art, and introduction to mindfulness. The concrete discussion of mindfulness by research participants allows for practitioners to have specific examples of how mindfulness can be incorporated into practice.

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Fear is a natural and self-preserving reaction to danger. It helps humans protect themselves when faced with real threats to survival or wellbeing. If a tornado alarm sounds or smoke begins to fill up a room, it is a practical reaction to act immediately to find safety. It is when this fear gets out of control and we begin to fear irrationally that it no longer serves us. Worrying constantly, avoiding particular locations, objects, events, or situations that pose no real threat, or always fearing social situations are examples of when this fear becomes more of a threat than the danger. Anxiety is more difficult to ameliorate when there is no direct action to be taken and the danger is not present, but rather a thought about a past event or potential future danger. So often the focus of our anxiety is in our mind and not a reaction to real danger. We anxiously fixate on the past or worry about potential future events.

Anxiety disorders are pervasive in our society. They compose the group of the most widespread mental illnesses in the U.S. (Anxiety and Depression Association of America [ADAA], "Facts and Statistics"). According to the National Institute of Mental Health [NIMH], 18.1% of the population has an anxiety disorder and only 42.2% of those with a disorder are receiving treatment. These percentages do not take into account the millions who suffer with anxiety, but do not meet the diagnostic criteria for a disorder. According to the ADAA, the U.S. spends over $42 billion a year for anxiety disorders. Nearly $23 billion of this cost is due to those with anxiety disorders seeking medical care for physical symptoms related to their anxiety. Those with anxiety disorders also often have co-occuring disorders such as depression, ADHD, and addictions (National Institute of Mental Health (NIMH), "Anxiety Disorders;" ADAA).

Anxiety disorders have an enormous impact on quality of life, including physical and mental health, relationships, and work. Olatunji, Cisler, & Tolin (2007) conducted a meta-analytic review on the effects of anxiety disorders on quality of life and found that each anxiety disorder had a significant negative impact on overall quality of life. Included in this analysis were Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Panic Disorder, Social Phobia, and Posttraumatic Stress Disorder. They also divided quality of life into smaller variables, including physical health, mental health, work, social, and home and family and found medium to large effect sizes for all variables across the anxiety disorders, with the exception of social phobia with work and physical health.

Current conventional treatments for anxiety include both medication and psychotherapy. Principal medications include: antidepressants, SSRIs, tricyclics, MAOIs, anti-anxiety drugs, and beta-blockers. Medication can help manage symptoms, but can have significant side effects and does not address the underlying issues. Many therapeutic approaches are used with anxiety, including but not limited to psychodynamic, cognitive behavioral, exposure, EMDR, and mindfulness-based therapies. The type of therapy used depends on the anxiety disorder. The most utilized treatment method currently is cognitive behavioral psychotherapy combined with medication. While cognitive behavioral therapy can be effective, critics worry that it is too focused on thoughts without connecting to the emotional centers that often drive behavior. Mindfulness focuses on the emotional piece with anxiety. The research on integrating the two is very promising.

The pervasiveness of stress and anxiety in our society through all age groups and demographics means that social workers, clinical or not, will be encountering clients with anxiety on a regular basis. The most basic role of a clinical social worker is to alleviate suffering in clients and, as discussed previously, anxiety is incredibly common and largely impacts quality of life. In order to be effective in reducing anxiety, social workers must understand best practice when using mindfulness with clients. For those who use mindfulness with anxiety, understanding the ways that mindfulness is integrated into a therapeutic practice is essential to the understanding of best practice. Once mindfulness is understood, it can be easily integrated into practice; however, it is a complex concept, which makes it somewhat difficult to introduce to the client. Particularly because members of western culture often have misunderstandings about its nature, categorize it as eccentric or unconventional, and can be resistant to it. While there are many great techniques and exercises to use with patients within mindfulness, a cohesive understanding of how the approach should be implemented with anxiety needs further study. The purpose of this study is to learn from the perspective of practitioners how to use mindfulness in practice with clients with anxiety.

Literature Review

Definition of mindfulness

Mindfulness, which stems from Buddhist philosophy, is being increasingly integrated into mental health practices. Mindfulness is defined by Bishop et al. (2004) as involving two qualities: "the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment" (p. 232) as well as "adopting a particular orientation toward one's

experiences in the present moment, an orientation that is characterized by curiosity, openness, and acceptance" (p. 232). In other words, it is a way of being that focuses on the present moment in an accepting and open way. Instead of focusing on what is in the mind and thinking about things that are not occurring, we focus on what exists now in this moment. The basis is that much of our suffering is caused by what occurs in our minds and not by what occurs in the physical world. This is certainly the case for mental health disorders, such as anxiety. As Bishop's definition includes, mindfulness also is a way of being while present. It is a way of being nonjudgmental, compassionate, and open to what is in the present moment. It is also a practice in acceptance: it teaches a person not to avoid or fight the pain, but to experience it and accept it. Another basic principle in Buddhist philosophy and, therefore, mindfulness, is that everything changes. What exists now, pain or joy, will change. In mindfulness, learning this idea helps people to accept what is present in any particular moment.

There are a variety of approaches to using mindfulness in psychotherapy. Some are organized into a framework and others are more open and spontaneous. There are four mindfulness-based approaches that are formal and are supported empirically: mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990), dialectical behavior therapy (DBT; Linehan, 1993a, 1993b), acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999); and mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002). However, many therapists are also integrating mindfulness into their practices informally or outside of the aforementioned frameworks.

While based on the same philosophy, the four formal therapeutic approaches to mindfulness are distinct. MBSR is an eight-week program, which meets in a group

weekly and includes a daily, at home practice of meditation and yoga as well as additional mindfulness homework exercises (Kabat-Zinn, 1990). There is no individual component to the therapy and the therapy is complete after the eight-week period. The group component involves sharing experiences with one another within the group as well as practicing individual mindfulness exercises. Some of these mindfulness exercises include: mindful eating, walking meditation, and mindful listening. MBCT is based on MBSR, so it uses largely the same mindfulness exercises, but maintains the cognitive behavioral therapy base. It follows a similar schedule and style to MBSR, consisting of group therapy over eight weeks (Segal, Williams, & Teasdale, 2002).

Marsha Linehan created DBT in the 1990's to treat Borderline Personality Disorder. It uses mindfulness, acceptance, and skills training and has both individual and group components. ACT is a more adaptable approach, which can be used in individual or group settings and has no set time line or process. It focuses primarily on acceptance of the life that the individual is living and is based on the premise that it is not the circumstances that determine the emotional response, but the perspective. It trains the client to accept what is and not fight emotions. The negative situations, thoughts, and emotions are not eliminated, but accepted. MBCT, DBT, and MBSR always use a group format, while ACT is often individually practiced. Meditation is not emphasized in ACT or DBT, but is a basic component of both MBSR and MBCT. Each of these approaches offers many exercises for individual clinicians to bring into their practice.

Efficacy of mindfulness with anxiety

The scientific literature that has been conducted on mindfulness within mental health largely consists of efficacy research. Studies have researched its effectiveness

with nearly all illnesses and disabilities, including mood disorders, personality disorders, and anxiety disorders. With anxiety, studies have shown a significant reduction in anxiety in clients with anxiety disorders from therapeutic techniques that include mindfulness (Hofmann, Sawyer, Witt, & Oh, 2010; Vollestad, Sivertsen, & Nielsen, 2011). Research has been conducted on mindfulness-based therapies with major anxiety disorders that show positive outcomes for: generalized anxiety disorder (GAD; Roemer & Orsillo, 2007; Craigie, Rees, & Marsh, 2008; Evans et al., 2008; Roemer, Orsillo & Salters-Pedneault, 2008), social anxiety disorder (Dalrymple & Herbert, 2007; Piet, Houggard, Hecksher, & Rosenberg, 2010), and obsessive-compulsive disorder (Twohig et al., 2010). One study, however, found that MBSR does not have a reliable effect on anxiety (Toneatto & Nguyen, 2007).

Some studies have gone more in depth, researching specific benefits mindfulness therapy. Horst, Newsom, & Stith (2013) found that use of mindfulness "provided a sense of calm, facilitated conversation, slowed the pace of the session, and was helpful with transitions" (p. 378). They also found that it changed the nature of and improved the quality of the therapeutic alliance. Research also suggests that mindfulness is best when combined with cognitive behavioral elements, rather than with just using mindfulness (Roemer & Orsillo, 2013, p. 170). Currently, nearly all of the research on mindfulness in therapeutic practice has been done with therapists who use one of the four structured approaches, MBSR, MCBT, DBT, or ACT. This is understandable considering the nature of scientific research; however, this leaves a considerable gap in the research around the many therapists in this country who use mindfulness outside of these approaches.

Use of mindfulness in therapy

There has been limited research on the practical aspects of bringing mindfulness into clinical practice. There are many ways to integrate mindfulness into practice and many elements of mindfulness that can be used. Pollak (2013) considers using mindfulness in therapy as an art. She believes that there is no precise way to approach mindfulness in therapy and that it should begin as a process of exploration and experimentation with the client. Some research has found that mindfulness should be brought into practice slowly (Cigolla & Brown, 2011; Pollak, 2013). The therapist needs to gage the client's openness to it and not force it upon a patient who is unwilling to use it (Pollak, 2013). Horst et al. (2013) found that many clients experience nervousness and uncertainty around using mindfulness for the first time. Anxious patients in particular may feel very anxious beginning something new, particularly something that requires them to go into their body, which can be difficult for those with anxiety. Horst et al. (2013) also found that from clinician's perspectives, clients feel more comfortable when clinicians are using it with them.

Mindfulness exercises. The most effective mindfulness approaches to anxiety should be based around the needs of the individual. The clinician should also consider the particular orientation the client is most drawn to, whether focusing his or her attention on: "auditory, kinesthetic, linguistic, or visual" stimuli (Pollak, 2013, p. 137). Mindful focus on the present can be with any of the senses. For example, one can focus on sounds, taste, or the sensations on the body. The client can also try different mindful practices and determine which works best for him or her.

There are far too many mindfulness exercises to cover here, but I will provide a brief summary of the different categories of exercises. Pollak (2013) divides them into three categories: concentration practices, mindfulness practices, and compassion exercises. Concentration exercises can include focus on breathing, on physical body sensations, and on any particular sense, sight, sound, smell, or taste. Mindfulness practices include watching patterns of thoughts and feelings, and learning acceptance of what exists right now. Compassion exercises focus on generating compassion for and "sending" love and understanding to others, self, or even the world in general. This can be particularly powerful for those they have difficult relationships with as well as for self-love and understanding. This practice can generate very powerful positive feelings (Pollack, 2013).

Another way that mindfulness can be used in practice is "as a way of being" (p. 712, Cigolla & Brown, 2011). In their qualitative study, Cigolla and Brown (2011) found two relevant themes: mindfulness as a way of being in therapy and encouraging a way of being in others. This study used semi-structured interviews with six therapists and found that for the therapists mindfulness was a part of their way of being developed from their own personal practice with mindfulness and it came out naturally in their practice. It was integrated into their approach to practice through a mindful and present disposition open, compassionate, and nonjudgmental way of interacting with their clients. It must be mentioned, however, that even clinicians who do not practice mindfulness in their everyday lives can embody these characteristics. Clinicians' use of mindfulness in their everyday lives will be touched on later in the literature review.

Research on specific techniques of mindfulness with anxiety is in its early stages. Roemer & Orsillo (2013) consider "rigidly trying to avoid internal distress" (p. 172) as a considerable part of anxiety and through mindfulness clients can begin to face their internal distress in a safe way. From this approach it is the avoidance that causes the suffering and "anxiety disorders are associated with strong, obvious patterns of avoidance" (Roemer & Orsillo, 2013, p. 173). Mindfulness is similar to exposure therapy in that it has clients face that which they are afraid of: the feelings. Mindfulness changes the way they view their anxiety and relate to it. They are taught to face the feelings, feel them, and recognize them for what they are. One way this is done is through a focus on the physical sensations that come with the anxiety. Cigolla and Brown (2011) found that the clients using mindfulness considered acceptance of and experiencing, rather than avoiding the pain as the most powerful element of mindfulness. One clinician explained that when focusing on the pain the "feeling becomes more tolerable, it moves, it changes, it doesn't just stay there, or in the same intensity" (p. 716). From the perspective of this clinician, clients learn not only that facing the pain is less painful than the avoidance, but also that, paradoxically, experiencing the pain can help alleviate it.

It is also difficult to separate the benefits of the therapists' own use of mindfulness from the clients. The two are intertwined. The therapist's own mindfulness can also help with therapist self awareness and recognition of how he/she is reacting to the client (Cigolla & Brown, 2011), which brings in the question of the potential significance of a therapist using mindfulness in practice, his or her use of mindfulness in their everyday life and the requirements for using mindfulness in practice.

Currently, there is debate about training credentials for those who use mindfulness in their practice. Each of the formal approaches require specific training and use of mindfulness in the everyday lives of the practitioners. For those who use mindfulness informally in practice there are trainings offered regularly across the country; however, there are no regulations on practice. Many agree that those who are teaching mindfulness should also have personally practiced it (Pollak, 2013, p. 136). They argue that having experience with mindfulness provides the practitioner the basis from which to use mindfulness with their patients. Pollak (2013) argues that while it is helpful for those who use mindfulness in practice to have a meditation or mindfulness practice themselves, the importance of this lies in to what degree they want to bring it into their practice. She says that it is justifiable for clinicians to bring in basic mindfulness practices, such as breathing and simple meditations with just elementary training. Those with limited experience could certainly bring in some basic mindfulness exercises, such as deep breathing and visualization into their practice. Including mindfulness in therapy does not need to require extensive training, particularly if the clinician is interested in exploring mindfulness as well. It should be decided by how often and to what degree the therapists use mindfulness within their practice. Clinicians can also embody the characteristics associated with mindfulness without training. Being nonjudgmental, compassionate, open, and understanding as a way of being with clients is an approach that clinicians from all types of theoretical orientations use.

Mindfulness has been increasingly used in clinical practice with clients with anxiety, but there are varied approaches to its use. A drawback of the current scientific literature in mindfulness and anxiety is that the research only focuses on formal

mindfulness approaches, such as DBT, MBCT, ABT, and MBSR. While there are some practices that are very specific in its use with clients, such as CBT and DBT, many clinicians are integrating it with their therapeutic practice without a specific framework. While these outcomes have been quite positive, it is clear from the widespread use of mindfulness in clinical practice that most practitioners are not coming from formal training in these methods. There is a gap in the literature on how clinicians informally trained in mindfulness are practicing mindfulness with clients. Since there are many ways to teach mindfulness or use mindfulness with clients, the practice is likely incredibly varied across practitioners. There is little qualitative research on use of mindfulness in practice, which is an additional gap in the literature (Cigolla & Brown, 2011). This study will research how clinicians use mindfulness with their clients with anxiety. This study provides the opportunity to gain insight and a depth of understanding from clinicians' perspectives through qualitative research. This research will continue to explore the elements of mindfulness that the therapist brings into practice with clients with anxiety, as a way of being and/or through practice technique.

Conceptual Framework

The perspective that will be used when approaching this research is hermeneutic modes of engagement. Like in mindfulness, in hermeneutics, the "lived world is the more basic and significant source of our knowledge" (Slife & Williams, 1995, p. 88). In Buddhism, which is the basis of mindfulness, knowledge and wisdom come from experiential learning. Time spent focusing on what exists presently within us and around us gives us real information about reality and existence.

In a hermeneutics perspective everything that exists is an extension of what we

are. There is no separation between us and the surrounding world. In this sense, "all aspects of our environment can become extensions of our body-mind (because body and mind are not separable)" (Slife & Williams, 1995, p. 86). Likewise from a mindfulness perspective the world only exists in any given moment. It is through the focus on the surrounding world and experience in any given moment that lets a person experience reality. In these moments the connection between the world and the person are indivisible. There is no dyadic perspective of the world, our mental world versus the physical world and from this perspective, there exists no separation.

Interpreting the results through this lens, the research will be investigatory hermeneutics. This approach allows for the study and organization of human activity as a practical understanding rather than a purely systematic one. It "provides a way of understanding and studying action that is grounded in considering such action as having a semantic rather than a logical or causal organization" (Packer, 1985, p. 1081). It looks at the reality of any particular individual's experience, which according to hermeneutics is as valid and real as any other perspective. In fact, an individual's perspective may be more relevant than any accepted objective view on a subject. This research will be looking at how clinicians use the mindfulness techniques in real, everyday experience. Many of their actions within practice are spontaneous and decided in the moment. This study will be looking at these actions through this lens: interpreting practices of the participants through their own experience of their actions. This will allow for the investigation of the specific techniques that they are using in addition to additional elements that may be more subjective, such as mindfulness as a way of being.

Methods

Participants

Six therapists who use mindfulness in their practice were recruited through a snowball sample of personal connections to therapists who use mindfulness in their practice to participate in the study. The researcher contacted six acquaintances who use mindfulness in their therapy practice to begin the snowball process, getting referals to other therapists who use mindfulness in their practice. None of these acquaintances were interviewed for the study. Upon first communicating with potential participants over the phone or through email, the researcher explained the purpose of the study, the length of time it would approximately take, and that it would be audiorecorded. The researcher was clear about the optional nature of the study and the option of the participant to back out at any time. The researcher was also clear that there were no benefits to participation in the study.

One criterion was that none of the participants would have had connections to the researcher prior to the study. The therapists were pre-interviewed to ensure they meet the following criteria: use mindfulness as part of their practice and treat patients with anxiety regularly; not using an established mindfulness theory, i.e. MBSR, MCBT, ACT, & DBT; using any other therapeutic approach, so long as mindfulness is included in their practice.

The participants consisted of five females and one male. Through the demographics it was determined that they all work with a variety of clients; however, none of the participants work with children regularly. The range of years in practice between them was from 1.5 yrs. to 28 yrs. Most of the participants have been practicing

therapy for 18 years or longer. Three of the six participants have been using mindfulness techniques since the beginning of their practice and the other three have integrated it in increasingly over the years in their practice.

Data collection

The interviews were semi-structured, lasted approximately 30-40 minutes, and were audio recorded. These took place at a private, convenient location for each participant. The location chosen was a room separated from other individuals to protect the privacy of the participants. There were eight interview questions for the interviews (see Appendix B) preapproved by the research committee and the Institutional Review Board (IRB) of the University of St. Thomas. These open-ended questions inquired about the participants' use of mindfulness in their practice, their use of mindfulness specifically with clients with anxiety, and their perspective on the benefits of mindfulness for those who have anxiety. There were also four demographic questions (see Appendix B) that were asked prior to the interview. After each interview was conducted, the recordings were transcribed without any identifying information connected to the transcription.

Protection of human subjects

Permission to collect data was requested from the Institutional Review Board (IRB) of the University of St. Thomas. The IRB determined the level of risk to the participants and concluded that there is little risk to participants since they are a low risk population and working professionals. These professionals were capable of signing and giving informed consent to participate in the study. There was no possible perception of coercion, since no prior relationship existed between participants and researcher. Of the

few risks, one is that the researcher knows the identity of the participants, which disrupts anonymity. In addition, the audio recordings of the interview create additional risk in protecting the identity of the participant. The interview questions ask about the clinician's practice with clients and were likely non-threatening; however, the interviews could have caused the participants to experience some anxiety or distress in recalling their experiences with clients. In order to mitigate these risks the participants were required to sign a consent form prior for participation in the study. This consent form was clear about the potential risks of the study.

The records of this study were kept confidential. The confidentiality of the participants was upheld by not connecting any identifying information with the recordings or transcript. Research records have been kept in a locked file in an office in Minneapolis. An electronic copy of the transcript has been kept in a password-protected file on the computer of the researcher. The recordings were deleted after the transcriptions are completed.

Analysis technique

The coding and analysis for this study used grounded theory. The transcripts of the interviews were analyzed for frequently used words or ideas that answered the research question, called codes (Monette, Sullivan, & DeJong, 2008). This process involves reading the transcripts line by line to find these codes. Read-throughs were conducted several times to ensure that all of the codes were recognized. Codes were then categorized into larger themes. A theme constitutes three or more codes with the same or similar meaning.

Findings

This study explored the ways that clinicians use mindfulness with clients with anxiety. Each of the participants came from different perspectives and used different techniques within mindfulness, but the themes and techniques show many more similarities than differences. The research showed the following themes: Teaching awareness of self and anxiety, teaching openness and acceptance of anxiety, use of mindfulness exercises, taking mindfulness into everyday life, use of mindfulness in practice as an art, and introduction to mindfulness. Many of the following themes overlap since many of the elements are used together and in fact, often inseparable in mindfulness. Therefore, many of the quotes could be used in different themes, but were included in the theme that seemed most applicable.

Teaching awareness of self and anxiety

The first of the themes involved the clinician creating awareness within the client. While this theme mostly focuses on the awareness of the anxiety, it includes overall awareness of self as well. All of the participants discussed this theme within their interview. This theme includes coaching to explore oneself and one's reaction patterns as well as to learning more about their anxiety, their patterns around anxiety, what it looks like within their body, and especially awareness and recognition of the anxiety when it is present. This theme is particularly common around the physical presence of anxiety, the awareness of the anxiety, and what it feels like and looks like in the present moment. The following is a quote that summarizes this theme:

> *…mindfulness piece offers for people to look in on their own reality and then go from there.*

Another of the participants continually mentioned the "aerial perspective" throughout the interview referring to looking in on oneself. The following two quotes show the element of teaching awareness of feelings/sensations:

> *…I just work with people in session just say, "Let's observe what you're noticing…notice how your body feels" you know, " notice where you're having sensations. What's that like?" You know…just observing and kind of, kind of teaching people that way.*

> *…we'll talk about physical sensations and body sensations and try to get them in tune to what's going on in their bodies.*

All of the participants also mentioned teaching how to be aware of the anxiety:

> *…being very mindful of when the anxiety comes up.*

Another element of this theme was the clinician teaching the client the recognition that the anxiety is not them:

> *Initially it was just helping her understand that…cause when the anxiety is there is feels like it takes over and it's part of her…to just start realizing the anxiety is not her, the anxiety is visiting her.*

Teaching openness and acceptance of anxiety

This was a method mentioned in all of the interviews. It includes both explaining the concept to the client and showing the client ways of practicing this. It overlaps with the mindful exercise of sitting with anxiety, which is covered in the mindfulness exercise theme below. The following quote demonstrates this theme:

> *…it's just about being open…mindfulness is just being open no matter what, so you know if you're angry still stay open, if someone has pissed*

you off you still stay open, there's a death you still stay open. So it's you know about not closing down…It's as simple and as difficult as that.

Another element of mindfulness within this theme that presented in all of the participants was in coaching the clients not to fight the anxiety.

People come here and they think they need to go to battle with anxiety and that's one big thing they learn is they don't have to fight it. In fact you cannot fight it. All you can do is grow your awareness, grow your consciousness and then see what happens to it.

So when they come in with the fighting spirit that's one big thing that I work with them on…we don't need to go into battle with this. We just need to understand it. We need to be very curious about it.

It's like you don't have to fight the darkness. All you have to do is turn on the light and consciousness serves as that light when it shines into these dark corners…there's nothing to fight. It's just the light itself, it's just the consciousness itself.

Oh my hands are really shaky and jittery and ok here's what it feels like for my hands to be really shaky and jittery. Ya know can I sit here with that? And just let my hands be shaky and jittery instead of trying to escape that or run away from it. And so he'll talk about himself being able to do that and then being able to connect to his breath and watch his anxiety and just not pull away…

Anxiety is not something to be afraid of, it is something to learn from. It is not to be stepped away from. It is not so terrible, although it can be awful and terrifying to sit with some times…it's not this thing to be so scared of.

Use of Mindfulness Exercises

Specific techniques used within each participant's practice varied greatly; however, there were many similarities between them. These techniques have been separated into the following categories: Working with the body, use of breath, use of touch, and engaging the senses.

Teach to work with the body/Sitting with sensation. The most prominent category of techniques from the data was the group teaching to work with the body. There were different categories of this, but it was consistent across all participants. A main part of this theme is teaching the client to sit with sensation in the body. The following quotes reflect the theme:

…help that person anchor in the body as soon as they bring themselves back to their body. You know it maybe seems counterintuitive initially since that's where the anxiety is, but if they go into their head they usually start thinking about it and it makes it much worse and so the body's always in the present moment and the body can't be past or future; it's always present where the mind can be very scattered so that point of presence; yea know referencing the body, noticing the body, and using those tools to calm…I have found it to be very effective.

Just noticing your hands, your arms against the chair, your seat, your back against the chair…so kind of orienting them to the room.

The following quote refers to a client who felt a "huge ball in [her] gut" and wanted the therapist to make it go away:

> *I let her know that I cannot take this ball away; however, you can direct your presence into that ball, into that tension, into this big thing you are feeling in your chest and you can breathe through it and we're not going to work on fighting it, we're just gonna be with that and for her this body awareness and breathing into the tension was huge.*

The following quotes further illustrate the theme*:*

> *You have to sit with the discomfort…you're never going to get comfortable with the feelings unless you spend time with them.*

> *…when she focused on her body, the thoughts in her head—they just kind of calmed…*

> *When I first started doing mindfulness and then teaching…I taught in a class as well as with clients I wasn't incorporating the body at the very beginning. It was helpful as a training tool, but I find the body mindfulness to me is what is really helpful.*

> *And anxiety is very clever, it doesn't like being tricked, it doesn't like being distracted, but it cannot stand up to presence.*

> *I always, you know, try to get people to feel things more, which is mindfulness to me.*

Throughout the interviews participants focused on the importance of focusing on the messages from the body, not from the mind:

> *…your presence is in your body; it's not in your mind so the mind stops chattering and when the mind stops chattering it stops feeding this tension.*

> *…sitting with the anxiety, not letting anxiety get the better of her.*

Use of breath. Use of breath as a technique was either as a meditative awareness and watching of the breath or particular breathing technique. All of the participants used breath and most used the meditative focus on the breath:

> *…are you able to sit there and you know try to focus on your breath and then as you're focusing on your breath are you able at some point to go, oh wait a minute I was supposed to be focusing on my breath, and pull yourself back and even if you can't stay with your breath again are able to another time go, oh wait a minute, even if it's like ten minutes later.*

> *…Mindfulness is about being able to bring yourself back and be mindful in that moment.*

> *We're experiencing high levels of stress and ongoing anxiety, even panic…one's breath is kind of locked in, they can't breathe, but always when arousal is occurring our breath becomes shallow.*

Touch. One of the participants uses touch as a part of their practice with their clients:

> *I'm not a big proponent of touch with my clients just because I think you know let's be really careful. It's not that you can't touch your clients but you need to be really careful when you do it, right? But with her she really really could benefit from me holding her feet. It helped her to stay in her body. So you know I always check it out with clients; ya know I say, "Would it be helpful if I held your feet?" So she's wearing her socks, I just have my hands on top of her feet. The bottoms of her feet are on the floor. Just around her ankles like that and um but mostly on her feet and that really helped her…So I wouldn't just offer it that readily with any client…but we came to an understanding that she was leaving her body she was so fearful…that really helped for her. I guess you know my point is whatever we're gonna do as an intervention do it mindfully*

Engaging the senses. The following quotes describe other techniques that have been used by participants:

> *Making eye contact or having them look at something…in the room that can sometimes orient people to be a little more present…"ok I'm here, actually everything's ok here"*
>
> *…taking a drink of water…*
>
> *…where people had trauma using different senses to really help them create a sense of present moment safety.*

One participant described using items of comfort:

> *Holding the blanket, holding the pillow, sometimes people bringing something in…*

The following exercise falls into the theme of taking mindfulness into everyday life as well as in mindfulness exercises within practice. The participant mentions a technique she has her clients use outside of therapy of associating an object with a feeling of calm or a breathing technique. Every time the object is seen or felt, in this case a clock, in the real world the response in cued. She also mentions the mountain meditation, which she uses in practice:

> *…so it's getting grounded then it's…I have an imagery, it's called the mountain meditation. I think I got it from Jon Kabat Zinn or somebody. But it's called mountain, so I'll do it more with grounding, so coming back to feeling or to a tactile sense. I had a nurse once who wore the jacket with the pockets, so…and when the arousal started, the anxiety started or when she's feeling so speedy is to have had a object in her…I can't remember what it was…a smooth rock or something and then you know sort of have something attached to that. So when you feel that you automatically go ok just breathe and I had her do that and look at a clock cause her…there were clocks all over the hospital…literally sitting up a strategy. Ok so when this occurs, when you feel that, when this or that…so ABC this is the strategy.*

Taking Mindfulness into Everyday life

Another theme that was found across all participants was use of homework for clients. This homework includes reading particular mindful books and bringing mindfulness into daily life activities. The following quote is regarding the use of mindfulness in daily life:

> *…the regular practice really does help. People when they do it, they're like, if they've done it every day and they come back, they're like "I'm so much better." It just helps.*

The following quote was the answer to a question regarding how the participant uses homework with clients. She refers to a mindful exercise that she encourages using everyday or even a few times a day.

> *Depending on what seems helpful you know…so maybe more general in the beginning but if…we're finding that certain things are needed or…usually try to work on this once every day or try to work on this several times a day. I'll do homework like that and most people follow through pretty well…Keeping it simple.*

With mindful activities such as mindful eating and brushing teeth, the goal is to be as present as possible during the activity, particularly with the senses. It allows for the person to spend a small amount of time developing the ability to stay present and open in the moment. It also increases awareness. The following quote describes a participant encouraging mindfulness in client's daily lives in this way:

> *I will help them sort of get in tune with their body, get in tune with their breath and then give them sort of homework of how to apply this in their life. So I might say you know for this week I want you to do some mindful teeth brushing or do some mindful eating…Like ok what does mindfulness mean for me? And how do I apply this?*

In the following quote, the participant was working with a client who was having difficulty at work. The clinician encourages him to use mindfulness in his work by

encouraging him to focus on one thing at a time, instead of all of the things that need done that day. She coaches him to focus on what is happening in the moment and not think about what has happened or what will happen.

> *…we would talk about how to be really mindful with his breath and how to be really mindful with what he was doing at work…so instead of him thinking of all the things that he had to do like throughout the night, right now here I am just setting these tables, right now here I am just being with these customers that are here, and right now here I am just talking to my boss about this particular thing and every time he sort of wandered off and started to like be in the past or be in the present he started to bring himself back and be really mindful about what he was doing. And he struggled a really long time with anxiety and the more he sort of applied that…now he's coming in like once a month.*

All of the participants encourage their clients to read books on mindfulness outside of session:

> *…sometimes I'll say I'd like you to read this book on mindfulness if they are having a hard time staying present*

As an art: Open and spontaneous

All of the participants discussed working with each client as an individual. They discussed learning from the client and developing their approach from the client's needs and preferences. The following quotes illustrate this theme:

> *With some people it's really more like…how can we work together so you can calm yourselves…so especially with anxiety…it's really that simple…*

I might design my approach in a different way depending on who they are or what's really manifesting for them.

…kind of checking out is this going to be ok to do this, ok to try this or whatever it is and then mindfully trying it out. "Ok what are you noticing now?" "Does that feel more calming" "Does that help?" You know. And if not, doing something else.

You know different people respond to different things…whatever's helpful for them.

…using all the different senses as a way to be mindful. Sometimes people are really comfortable with one particular sense, but they're not so much with another and sometimes actually expanding or moving the ones they're not as comfortable with can really help them you know. For example, visually if we're doing calming exercises people are seeing all kinds of visual things going on. A lot of times they're really staying in their mental self. You know they're not really connecting down into their core…visuals can be very helpful, but let's try going here and see what you notice here…

Introduction to mindfulness

A question that was asked during the interviews was, "How do you introduce mindfulness to clients?" The participants answered in one of the following ways: through an explanation of mindfulness, by pointing out ways that the client was already

using mindfulness, through a scientific body/brain explanation, or through a mindfulness exercise with no explanation. Some answered that it would depend on the clients and their previous experience with mindfulness.

The following quote is in the category of explanation of mindfulness:

You know…kind of what we're doing and this is the reason why we're doing this.

One of the participants explained that she uses the ways that the client is already using mindfulness to explain it to them:

Sometimes what I like to do, cause when you bring up mindfulness with people they either don't know what it is or they have a false perception of what it is…so sometimes I'll take something like an example of what they're already doing and talk to them about how that's mindfulness…so they started talking about different things that they would do to like cope with stress and so then they would say something and I would say, 'Wait a minute; you said you didn't know what mindfulness was. That's it you're already doing it,' and they're like, "oh that's mindfulness?"

A few of the participants use a cerebral explanation of mindfulness that explains the body and brain and the ways that mindfulness shifts these responses:

So the way I introduce it is by introducing central nervous system…

…everybody can relate to arousal you know…stress to all out panic.

Discussion

The findings explored the ways that clinicians use mindfulness in their therapeutic practice with anxiety and determined recurring elements that many practitioners used as

well as differing techniques between them. The use of the hermeneutic conceptual framework allowed for the to exploration of mindfulness practices through the eyes of the clinician. It created a very personal space to hear what the clinician was saying about the practice with anxiety and their clients. This gave an arguably more real, practical, and thorough view of the elements studied.

Many of the themes of the study are the basic elements of mindfulness used with anxiety. As was mentioned in the literature review, mindfulness is a way of being that focuses on the present moment in an open and accepting way. The findings determined that these clinicians teach these concepts with those who have anxiety in addition to using specific mindfulness exercises. These techniques were more wide-ranging but held similar elements and all of them were grounding in the present moment. The findings also determined the most commonly used approach within mindfulness of focusing on the sensation of anxiety in the body and learning to sit with it.

There were some noteworthy findings in this research. The most significant being the emphasis the clinicians placed on learning about the anxiety, feeling the anxiety, learning to sit with it, and accept it. All of the participants in the study used this approach as one of their core methods of approaching anxiety in their clients. In the literature review it was mentioned that it is "the avoidance that causes suffering and 'anxiety disorders are associated with strong, obvious patterns of avoidance" (Roemer & Orsillo, 2013, p. 173). It would make sense then that the approach that all clinicians within the study used is to have the client experience and accept the anxiety in the moment and not to try to escape it. Many of the ideas from previous studies of mindfulness with anxiety considered in the literature review were confirmed in the findings: mindfulness as an art

(Pollak, 2013), use of different senses (Pollak, 2013), gaging openness (Pollack, 2013; Horst, 2013), and acceptance of the anxiety (Pollack, 2013; Cigolla & Brown, 2011; Roemer & Orsillo, 2013). While gaging the openness of the client was not its own theme from the findings, it is significant element of the introduction to mindfulness theme. The widely used mindfulness techniques from the literature review were also found in the findings, including focusing on the senses and use of breath.

Some of the ideas discussed in the literature review were neither confirmed nor refuted in the findings. Since this study only covered six participants, those elements need further study. One of these elements was the relationship between the practitioners' own meditation and mindfulness practices and the perceived effect on clients. There was not enough discussion in the interviews on this topic to come to any conclusions. So the element discussed in the literature review of mindfulness "as a way of being" as a practitioner was in the findings (Cigolla & Brown, 2011). However, it should be mentioned that most of the clinicians interviewed have their own personal practice of meditation and in ways unseen this could affect the outcomes and their approach. All of the participants have cultivated their own mindfulness in their own lives through books or through mindfulness trainings for their own personal growth. Three of the six had never had formal trainings on therapeutic use of mindfulness, but overall used it within practice in similar ways to those who had. Of these three, two had completed informal courses on mindfulness unrelated to therapeutic practice.

All of the interviewees felt strongly that mindfulness was the most effective way to deal with anxiety, most emphasizing that it is the only approach that works with anxiety. While within research this would not generally be considered significant

because of the nature of the study and the limited number of clinicians interviewed, it is something to be considered for future research. Most of these clinicians have been practicing for decades and have developed their approaches with clients over this time as they learn what works. Their insistence that it is that the only approach that works with anxiety was convincing. This was not a sentiment that was carried through other difficulties, such as depression. In fact one thought it was counter-indicated for depression.

Research implications

Using mindfulness presents as a potentially effective method to manage anxiety that deserves further exploration and study. Because only six clinicians were studied, it would be important to do further research on other psychotherapists who use mindfulness techniques to determine if their approach to anxiety is similar. A quantitative study that is larger in scope and gains further knowledge on the techniques that clinicians use with mindfulness would be beneficial to understanding how it is used with anxiety across the profession. Further study of the efficacy of each of the mindful approaches to psychotherapy would also help to ascertain whether more resources should be put into this approach.

Practice Implications

Many clinicians who are not currently using mindfulness or using mindfulness in minor ways could find this research helpful to determine what additional elements they might want to integrate into their practice. While the results of the study cannot be generalized, clinicians can try different techniques from the findings to test in their practice. The findings also provide an in depth understanding of how mindfulness can be

used with clients with anxiety. There are many techniques and ways of approaching anxiety in the findings to consider for a clinical practice.

One limitation of the study was that the researcher is partial to this mindful way of thinking. This may have led to bias in the interpretation of the findings that related to the mindful approach. They may have been interpreted in a more positive light and given more emphasis. Another limitation of the study is that the subjects take an integrative approach to psychotherapy. Their approaches are not just mindful approaches, thus it is not always clear which aspects of their approaches are based on mindfulness and which are based on other philosophies. Additionally, this study had a small sample size, which has limited the range of perspectives on the issues researched. The researcher only interviewed practitioners and did not gain insight into the perspectives of clients, which is an additional drawback of the study. In addition, having a variety of perspectives and approaches might make it difficult to determine how to apply practices learned in this study to other specific approaches practitioners use.

The strengths of this study lie in the depth of analysis allowed when using qualitative research, while quantitative research, which would not allow such depth. It gives us a comprehensive understanding of each participant's views on the research question. Getting individual perspectives on using mindfulness with anxiety provided us with more detail and nuance on the different techniques and approaches. This not only provides rich insight into the research, but it provides ample opportunity to discover issues for further study, both qualitative and quantitative in nature.

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Appendix A

CONSENT FORM
UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

Use of mindfulness in practice: Clients with Anxiety

I am conducting a qualitative study about mindfulness-based psychotherapy and its uses with clients with anxiety. I invite you to participate in this research. You were selected as a possible participant because you practice mindfulness within your psychotherapy practice and treat clients with anxiety. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Amy Steiner, a graduate student at the School of Social Work, College of St. Catherine/University of St. Thomas and supervised by Dr. Lance Peterson.

Background Information:
The purpose of this study is to address how mindfulness as an approach is psychotherapy is used from the perspective of practitioners.

Procedures:
If you agree to be in this study, I will ask you to do the following things: Answer a series of questions in an interview, which will be audiotaped. This should last about 30 to 45 minutes. The data will then be analyzed and presented. None of the data will be attached to your name.

Risks and Benefits of Being in the Study:
There are no risks to participating in this study.

The study has no direct benefits.

Confidentiality:
The records of this study will be kept confidential. The interview will be transcribed and included in the published research, but will not show who you are. The study will produce typed and written notes as well. Physical notes and research records will be kept in a locked file in an office in Minneapolis. I will also keep the electronic copies of the transcript and notes in a password-protected file on my computer. The audiotape will be deleted after the transcription is completed. I will delete any identifying information from the transcript. Findings from the transcript will be presented and included in the research paper. Acquaintance

Voluntary Nature of the Study:
Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the

University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used.

Contacts and Questions

You may ask any questions you have now. The chair's name is Lance Peterson. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

_____ _____

Signature of Study Participant **Date**

_____

Print Name of Study Participant

_____ _____

Signature of Researcher **Date**

Appendix B

Interview Questions

Demographic Questions

1. Please state your gender.

2. Please describe the population with whom you work (i.e., adults, children, individuals, couples, etc.).

3. How long have you been in practice?

4. How long have you been using mindfulness-based interventions in your work?

Interview Questions

1. What is your overall therapeutic approach in therapy?

2. Describe your mindfulness training.

3. How do you introduce mindfulness to clients?

4. How did you decide that mindfulness was good to use with anxiety disorders?

5. What forms of anxiety do you see present in your clients?

6. Describe the mindfulness treatment approaches you use or have used with those suffering from anxiety?

7. Can you give me two to three case examples of how you have used mindfulness with clients with anxiety?

8. In what ways do you see that mindfulness is effective for those with anxiety?