'The Antidote to Burn-out: The Experience of MBSR as a Form of Self-Care for Mental Health Counselors in Greece'

by

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An Abstract of the Thesis of

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Abstract

Mindfulness practice is focused on a heightened state of awareness, and it involves the observation of one's thoughts and sensations without judgment. Prior research has demonstrated the positive outcomes of mindfulness including the cultivation of attentional skills, empathy and self-compassion, building emotional resilience, and disengaging from emotional reactivity. Built on these qualities, the mindfulness-based stress reduction (MBSR) program was created as a short-term implementation of mindfulness skills. Research has exhibited findings that point to the MBSR as an effective intervention for mental health professionals to reduce stress, enhance self-awareness, and increase well-being. Limitations of past research include a lack of diversity in study populations, heterogeneous mindfulness measures, and a lack of long-term outcomes. The present study aims to answer the question, 'how is the experience of MBSR as a form of self-care for mental health counselors in Greece'? Three mental health professionals with prior experience of MBSR were recruited and semi-structured interviews were conducted. Ethical considerations were fulfilled, and interviews were analyzed according to IPA methodology to comprehend the participants' experiences. The following themes are presented: (I) burn-out: more than an occupational phenomenon, (II) an antidote: positive outcomes of the MBSR, and (III) the reality of a continued practice: mindfulness post-MBSR. Mindfulness was described as an impactful

form of self-care, with positive outcomes in professional and personal presence. Obstacles and intentions for a continued practice are shared and the emerging themes are discussed in relation to prior literature. Implications of the findings and suggestions for future research are deliberated.

Key words: mindfulness, MBSR, self-care, burn-out, mental health counselors, Greece

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Chapter 1: Literature Review

Mindfulness

Rooted in Buddhism and Eastern contemplative traditions, mindfulness has played a significant role in contributing to the rapeutic growth and personal development in Western practices (Kristeller et al., 2007; Davis & Hayes, 2011). The word mindfulness originates from the Pali word sati which refers to alertness and an ultimate state of attention (Bodhi, 2000). Fundamentally, the construct of mindfulness can be understood as a heightened state of awareness and consciousness of the present moment (Manuello et al., 2016). Like any exercise, mindfulness is a mental activity focused on noticing thoughts and emotions without judgment and this skill can be strengthened over time (Dreyfus, 2011). Mindfulness involves cultivating nonreactive awareness of one's external stimuli such as auditory and visual cues from the environment as well as internal stimuli such as thoughts and bodily sensations (Kristeller et al., 2007). Moreover, mindfulness has penetrated the field of science with an array of benefits, some of which include stress reduction, improved emotional regulation, and fostering empathy (Block-Lerner et al., 2007). A consistent mindfulness practice has been associated with the emergence of higher quality attentional skills which in turn, encourage one to disengage from emotional reactivity in the moment (Brown et al., 2022). It has also been shown that the application of mindfulness techniques in a therapeutic context has been effective and continues to be promising for the growth of both counselor and client (Block-Lerner et al., 2007; Brown et al., 2022; Raab, 2014).

Mindfulness can offer the ability to foster a third-person perspective, as to recognize moments in which they need to cultivate more alertness, compassion, and concentration (Siegel et al., 2009). According to an article published in 2015 by Kabat-Zinn, when

mindfulness is cultivated intentionally, it can be understood as *deliberate mindfulness* which refers to paying attention purposefully with conscious knowledge of the practice. Usually, mindfulness is practiced in this way at the beginning as the mind slowly acclimates to the process of moment-to-moment awareness and paying attention in a novel way. As time passes, the meditator adapts and begins to gradually progress into a state of *effortless mindfulness*. Despite popular misconceptions, the aim of mindfulness is not to have a blank mind, withdraw, or solely seek blissful moments (Kabat-Zinn, 2015). The essence of mindfulness is becoming comfortable with the uncomfortable states of mind that are natural to human beings and to reach a level of acceptance (Hassed, 2021). The fast-paced nature of modern life often involves mundane routines and a sense of passivity which can result in a state of *mindlessness* or in other words, automatic and habitual behavior without awareness (Nucci, 2014; Kang et al., 2012). Thus, people may fail to notice subtle feelings within themselves and find themselves preoccupied with the past or future rather than engaging in the present moment. According to Bishop et al. (2004), mindfulness involves embracing an attitude of open-mindedness and receptivity.

A core element of mindfulness is its ability to create space around one's problems, to "zoom out" and gain perspective with less reactivity and more clarity. To illustrate this point, there is a metaphor that compares a teaspoon of salt in a glass of water, in a bathtub full of water, and the same amount of salt dissolved in a lake. As the body of water increases, the taste and presence of the salt becomes less noticeable. By applying this principle to the human psyche, if one can expand their inner world, although problems do not entirely dissipate, additional space is created as a buffer between one's well-being and the problem or compelling emotions. Mindfulness can offer the capacity to step back and operate from a broader perspective, rather than making decisions preoccupied with fear, anger, or other debilitating emotions. Taking this metaphor into account, a study conducted by Kang and

colleagues (2012) investigated the construct of de-automatization, such that mindfulness can facilitate the cessation of automatic mental operations which are, in essence, maladaptive. According to this review, the four core components of mindfulness, acceptance, awareness, attention, and the present moment may enhance cognitive control, facilitate insight, prevent distortion of thoughts, and discontinue maladaptive inferences such as stereotyping. These processes result in a more adaptive self-regulatory process and ultimately, more desirable health outcomes on an individual and societal level. Often, people follow habitual routines while thinking of unrelated events, resulting in a lack of awareness of the present moment and present actions. Although automaticity can be adaptive as it conserves cognitive resources by liberating one's attention and reducing their self-regulatory burden, it can also be dysfunctional. When purely reacting on an automatic level, one may experience a lack of perceived control or helplessness which is correlated with many mental health disorders such as depression and anxiety (Brown & Siegal, 1988; Hatfield et al., 2002; Gallagher, 2014; Ghorbani et al, 2008). The mechanism of mindfulness, to maintain nonjudgmental awareness of the present moment, can deter the continuation of automatic mental processes, to ultimately encourage the enhancement of self-control, increase well-being, and prevent automatic inference processing (Kang et al., 2012; Lueke & Gibson, 2014).

Delving further into the mechanisms of mindfulness, a term *reperceiving* coined by Shapiro et al. (2006) refers to a foundational shift in perspective such that one can objectively observe their own experiences from a third-person point of view. According to this study, the ability to perceive events in a different light can result in improvements in four domains: a) self-regulation, b) values clarification, c) cognitive, emotional, and behavioral flexibility, and d) exposure. Although often understood as detachment, the mechanism of reperceiving fundamentally differs such that the individual is not disassociating nor disconnecting from their experiences but rather, they are taking a step back and viewing the present moment with

increased clarity. In line with Shapiro and colleagues' theory, practicing mindfulness may accelerate this shift in perspective. Firstly, *self-regulation* can be cultivated by learning how to attend without judgment and foster self-awareness, both core elements of mindfulness. *Values clarification* allows one to identify meaningful aspects of their life as well as attribute new meanings by acting mindfully. The third mechanism of *cognitive*, *emotional*, *and behavioral flexibility* refers to a more adaptive means of responding to one's environment resulting in less rigidity and reactivity. *Exposure* involves one's ability to be presented with difficult emotional states with greater objectivity and a healthy level of desensitization. Thus, one keu feature of mindfulness is the capacity to adjust one's perspective and observe situations and emotions, of oneself or others. By attending to negative emotionality in a mindful way, one can learn that emotions do not need to be reacted to disproportionately (Segal et al., 2002).

Furthermore, the mechanism of *reperceiving* was also inspected by Carmody et al. (2009) who conducted an empirical study and sought to test Shapiro and colleagues' theory. As analyzed previously, Shapiro et al. (2006) had proposed a model in which mindfulness training can fundamentally alter one's way of perceiving, which then results in various positive changes. In this study, an eight-week mindfulness-based stress reduction (MBSR) program was administered to 309 participants. Pre- and post- program questionnaires were completed to assess mindfulness, all of which were empirically tested and valid (de Brujn et al., 2012; Carpenter et al., 2019; Tran et al., 2013). To measure *reperceiving*, the Experiences Questionnaire (EQ) was used to evaluate one's ability to observe moment-to-moment experiences by specifically measuring decentering and rumination. Results showed significant increases in both mindfulness and reperceiving scores suggesting that these tendencies are highly similar and interconnected and additionally, reported stress was reduced. Carmody and colleagues concluded that mindfulness and reperceiving are

overlapping constructs that can become altered in a positive way after participation in the MBSR program.

Moreover, in her doctoral thesis, Mitha (2018) sought to explore counseling psychologists' utilization of mindfulness in their personal lives as well as a part of their professional practice. This qualitative study focused on novice mindfulness practitioners who have not received any formal training. Semi-structured interviews were employed to six psychologists who openly shared their experiences and perceived impact of mindfulness, both personal and professional. For the analysis, IPA was used, and the following four superordinate themes emerged, "the Buddha pill, therapists' engagement with mindfulness, emotive responses, and doing versus being" (Mitha, 2018). To elaborate, the first theme indicated a connection of mindfulness with religion, as a "hidden dose of Buddhism". To some participants of different religions, it was challenging to separate the two due to the origin of mindfulness. This appeared to be beneficial for some and hindering for others, depending on personal preference and religious background. Regarding the second theme, some participants expressed mindfulness as a hierarchical journey and others as an "onion" with a soul at its center. For some participants, the interviews themselves were part of their mindfulness journey as they incorporated self-reflection. Interestingly, participants felt more comfortable with the implementation of mindfulness in a model such as ACT and there was desire for structure. The third theme demonstrated a collective sense of calm as a result of mindfulness as well as improved emotion regulation and stress management. Some participants described mindfulness as a "chore" and an obligation that did not come naturally, however when practiced, benefits were obtained. Lastly, findings displayed a difference between "doing" mindfulness as an intervention or a tool and "being" mindful as a way of existing. The latter appeared most beneficial to participants, as the incorporation of

mindfulness in one's life promotes personal growth, self-compassion, improved listening skills, and overall, long-lasting changes.

Moreover, after carefully inspecting the array of benefits that mindfulness has to offer based on past literature, it is also important to consider the other side of the coin. In an article published in 2016, Farias & Wikholm (2016) argued the unrealistically positive presentation of mindfulness in existing research, with a lack of conceptual self-criticism. It is important to consider the range of individual differences such that some may significantly benefit from mindfulness, others may feel indifferent about it, and in some cases, there may even be adverse effects. Mindfulness has been presented in a sensationalist way, especially in the scientific field, accompanied by promising claims of peace and well-being which may hold true for many individuals, but not all. Baer and colleagues (2019) analyzed the idea of mindfulness-based programs being incapable of doing harm, as presented by other literature. In this article, it is suggested that greater conceptual clarity is needed to conduct reliable research as well as to accurately interpret existing findings. It has been found that many participants have portrayed their experiences as temporary in obtaining insight and some even reported harmful effects of meditation with one to seven percent quitting their practice and seeking professional mental help (Baer et al., 2019). In fact, research has shown that engaging in mindfulness practice may lead to the emergence of difficult emotional content and the meditator may not feel safe exploring it outside of a therapeutic context.

A study by Shapiro (1992) studying the effects of long-term meditation practice found that over sixty percent of meditators demonstrated at least one negative effect, such as increased anxiety and seven percent experienced very adverse effects. To elaborate, one participant faced forgotten childhood trauma while meditating which he was not willing nor ready to come to terms with without proper guidance. In a mixed-methods study, there was a large range of self-reported mindfulness impact (very positive to very negative) and several

negative meditation-related effects were notably reported including delusions, distortions in time or space, negative affect, and social impairment (Lindahl et al., 2017). This study amplifies the individual differences and range of conflicting frameworks, however, there is still limited knowledge on the mechanisms of mindfulness that may cause adverse effects. Overall, a holistic view on mindfulness including positive outcomes and potential adverse effects must be held when conducting research in this field, to prevent biased and inaccurate findings.

Mindfulness-Based Stress Reduction (MBSR)

Mindfulness has been thoroughly studied and defined by Dr. Jon Kabat-Zinn, an influential scientist, writer, and meditation teacher. Kabat-Zinn is the pioneer of the MBSR program, also referred to as the founding father of mindfulness in the West (Santorelli et al., 2014). As briefly introduced previously, mindfulness-based stress reduction (MBSR) is an eight-week, experiential program that consists of a daily, home practice in addition to twenty-six hours of organized weekly meetings (Kabat-Zinn, 2003). Each class lasts for two-and-a-half hours and there is a five-hour all-day retreat at the end of the program to collectively practice, discuss, and self-reflect. Maintaining a daily personal practice is also encouraged as well as keeping a reflective journal to report thoughts, feelings, and concerns that may arise throughout the program. The purpose of the journal is to track one's progress as they evolve in their mindfulness practice as well as to improve their capacity for self-awareness. Namely, the essence of MBSR is being grounded in a universal *dharma* which is a concept rooted in Eastern religions, explained as a duty to carry out one's life in a way to serve both themselves and others as authentically as possible (Kabat-Zinn, 2011).

According to Kabat-Zinn, there are seven foundational qualities that are intrinsic to the MBSR: non-judgment, patience, a beginner's mind, trust, non-striving, acceptance, and letting go (Santorelli, 2014). Participants in the MBSR are encouraged to assume the mind

frame of an impartial witness and avoid passing judgment on their thoughts while meditating. This ties into patience and trust which provide a safe space to embrace one's experiences without rushing to achieve anything specific. Having a beginner's mind refers to experiencing everything as if it is for the first time, with a sense of curiosity and openness. Non-striving is another important quality which encourages participants to simply exist without trying to accomplish a task. Acceptance and letting go translate as taking things as they come without interfering, alleviating the urge to change the experience, as well as releasing control. Throughout the program, various mindfulness exercises are introduced, and participants are guided during the allocated course time. Practices that are commonly implemented in an MBSR include the body-scan meditation, object meditation, mindful eating, walking meditation, sitting meditation, visualization, and mindful stretching or gentle yoga. For instance, object meditation is a form of visual meditation based on focusing on a physical object, often helpful for beginners. Although the MBSR can be flexible and adjusted to the instructor's discretion, the program generally consists of a weekly structure. Each week has a theme and focuses on different medication practices. As stated prior, the program is enriched with a weekly diary for each participant to log their personal experiences. Naturally, home practices align with the pace of the course and the suggested time frame for a daily practice may gradually evolve and increase as the course progresses.

Mindfulness-based stress reductions programs have yielded many beneficial outcomes for mental health including cultivating self-compassion and empathy, improving emotion regulation, and reducing anxiety and depressive symptoms (Birnie et al., 2010; Goldin & Gross, 2010; Grossman et al, 2010). A study conducted by Birnie and colleagues (2010) investigated the effects of MBSR on self-compassion and empathy as well as on mindfulness, stress levels, and mood disturbance. One-hundred and four participants were recruited throughout a two-year period. Pre- and post-intervention questionnaires were administered,

and several reliable and valid scales were used to measure results such as the SCS (Self-Compassion Scale), the Mindful Attention Awareness Scale (MAAS), and the SOSI (Symptoms of Stress Inventory). Results revealed a significant increase in self-compassion, mindfulness, spirituality, and perspective-taking after the MBSR. There was also a significant decrease in stress, mood disturbance, and personal distress. Participants exhibited an improved capacity to relate to others as well as reduced distress when observing others' negative experiences.

Reverting back to the foundational principles of Kabat-Zinn's MBSR, there are certain qualities that can transform a good therapist into an excellent therapist, regarding the quality of services that they can offer to clients. Beginning with the attitude of non-judging, research has shown that mindfulness, and specifically participation of mental health professionals in an MBSR program, increases this facet in terms of the ability to be an impartial witness to one's own experience (de Vibe et al., 2013; Janssen et al., 2020; Nehra et al., 2013). Findings have supported a significant decrease on the non-judgement subscale which suggests reduced negative self-talk and greater *patience* for unwanted parts of one's personality, tying into Kabat-Zinn's second principle (Raab et al., 2015). The ability to accept and let go has also been observed as a result of MBSR training (de Vibe et al., 2013; Rudaz et al., 2017). The principle of non-striving can be explained as awareness of the present moment without trying to interfere which also been found to be increased after the MBSR (de Vibe et al., 2013). Lastly, embracing a beginner's mind is all about remaining curious and receptive to what clients bring, without allowing assumptions and predictions to cloud therapists' judgment. This outcome has consistently been seen in prior research (de Vibe et al., 2013; Raab et al., 2015; Rudaz et al., 2017).

A quantitative study conducted by Ito et al. (2022) aimed to assess the impact of an MBSR program on novice meditators compared to experienced meditators. Participants

consisted of one-hundred and fifty-eight Japanese individuals who took part in an eight-week MBSR program. Pre- and post- intervention questionnaires were administered, precisely "the FFMQ (Five Facet Mindfulness Questionnaire), the SCS (Self-Compassion Scale), the TMD (Total Mood Disturbance), the MCS (Mental-Component Summary), the PCS (Physical Component Summary), and the PSS (Perceived Stress Scale)" (Ito et al., 2022). Results yielded significantly higher scores on the FFMQ, SCS, and MCS for regular meditators indicating improved self-compassion, mental health status, non-reactivity, acting with awareness, and non-judging. Regular meditators had lower scores on the TMD and PSS, suggesting that the MBSR reduced stress and alleviated mood disturbance. Both groups presented improved scores post-MBSR; these results demonstrate the long-term benefits of practicing mindfulness meditation and participating in MBSR programs consistently over time. To enrich existing findings from an interpersonal neurobiological perspective, Baldini and colleagues (2014) probed the implementation of mindfulness techniques in clinical practice and found that mindfulness can encourage lasting changes in neuroplasticity by engaging the brain's capacity to evolve and expand. Overall, the positive impact of MBSR for clients has been widely studied, consistently yielding significant improvements post-MBSR in comparison to pre-MBSR (Charoensukmongkol, 2014; Donald et al., 2016, Heeren & Philippot, 2010; Merkes, 2010).

A systematic review was published in 2012 by de Vibe and colleagues which pooled results from thirty-one randomized control trials (RCTs) and investigated the implications of the MBSR program. Despite differences in populations, measures, and aims in the studies, many similar findings were observed. There was a consistently large effect of MBSR on health condition and quality of life such that the program appeared to promote empathy, coping skills, a sense of coherence, and other areas of personal development (de Vibe at al., 2012). A significant reduction in anxiety symptoms and distress was also apparent across

studies as well as an enhanced state of coping with anxiety and adversity. A moderate and congruent positive effect of mental and physical health outcomes was exhibited after participation in the MBSR, seen across various populations and target groups with somatic and psychological problems. In another systematic review by Wong et al. (2018), potential adverse effects of the MBSR were quantified from a total of thirty-six randomized control trials. Results yielded some intervention-related adverse effects from three studies (12%), however, most participants denied any negative outcomes. Conclusively, minimal to no adverse effects of the MBSR were demonstrated in both reviews.

Inquiring further into the implications of the MBSR, qualitative findings add more information about participants' subjective experiences. Hieltnes and colleagues (2015) conducted a study to examine the experiences of twenty-nine university students who participated in an eight-week MBSR. Semi-structured interviews were administered to explore the students' experiences and perceived changes in their academic anxiety. Salient themes were found including "finding an inner sense of calm, sharing a human struggle, staying focused in an academic setting, and improved self-acceptance in adverse situations" (Hjeltnes et al., 2015). Delving further into the themes of this study, students appeared to experience meaningful forms of change that moved beyond the scope of academic evaluation anxiety. The range and complexity of the students' self-reported experiences post-MBSR indicate the development of capacities which promote personal development. These findings confirm former research which has also identified improved emotion regulation as an outcome of the MBSR (Chambers et al., 2009). In another qualitative study, during a twoyear period, nineteen in-depth interviews were conducted with residents who had participated in an MBSR program in the Netherlands. Five main themes emerged: "mindfulness improved participant's awareness of thoughts, emotions, and behavior, it encouraged self-reflection, acceptance and avoiding judgment, it increased resilience and additionally, ameliorated the

capacity to relate to others" (Verweij et al., 2018). Thus, enriching existing research, this study demonstrated that participation in mindfulness-based programs is an effective way to cultivate professional competencies for residents in the medical field.

Moreover, Kerrigan and colleagues (2011) carried out a qualitative study to explore the subjective experiences of urban, at-risk youth after taking part in a community MBSR program. After conducting in-depth interviews with ten adolescent students, content analysis was used to identify themes. All students appeared to have benefited in a positive way post-MBSR with enhanced self-awareness as one of the most prevalent outcomes. There was an overall positive shift in perspective such that mindfulness training promoted re-perceiving, a concept analyzed previously which refers to a cognitive shift, de-identifying with judgments, and remaining present in the moment (Kerrigan et al., 2011; Madonna, 2018). In another qualitative interview study, mindfulness practitioners clarified the concept of re-perceiving (Madonna, 2018). Participants included twenty graduates of an MBSR program who shared their experiences in semi-structured interviews administered by their mindfulness instructor. Information was gathered to inquire the participants' experiences during and after the MBSR. It was decided that the interviewer's expertise regarding mindfulness was an important component of the interview process. Based on Shapiro et al.'s (2006) research on reperceiving, the fundamental axons are attention, intention, and attitude. Participants' selfreported experiences aligned with these three axons such that improved attentional skills, behavioral shifts, improvements in attitudes, and increased awareness were observed. In an excerpt from one the interviews, a participant noted that mindfulness helps them become more aware of themselves and their needs while adding that in the absence of this awareness, they neglect themselves trying to attend to others' needs. Another participant shared that mindfulness is a way to formally practice the ability to notice everything in the world around them and to choose how to react to it.

Self-care & Burn-out

In the mental health field and specifically, in the therapeutic setting, professionals are exposed to significant distress. Working in a demanding field often involves suffering from compassion fatigue and secondary stress (Skovholt & Trotter-Mathison, 2016). Burn-out and professional impairment are prevalent among professionals in the mental health field (Posluns & Gall, 2019). Compassion fatigue is a term that refers to the emotional and psychological impact of helping others which can manifest through experiences of clients' trauma and stress. Often connected to compassion fatigue, burn-out is the cumulative sense of fatigue that can occur when working excessive hours, overbooking sessions, and neglecting one's personal needs when helping others. Although negative outcomes cannot necessarily be treated, attention can be shifted to prevention to hinder the downward spiral that affects many professionals.

In the role of a mental health professional, there may be heightened stress, tension, and pressure to meet clients' needs which often results in many negative outcomes such as agitation and mental exhaustion. This form of distress can evolve into the phenomenon of burn-out over a long period of time (Thompson et al., 2014). Research has found that burn-out often develops in response to "emotional exhaustion, depersonalization, and feelings of incompetence and lack of accomplishment" (Maslach, 2003; Maslach et al., 2001).

Depersonalization can be understood as a defense mechanism that mental health professionals use to acquire emotional distance from their clients. A cross-cultural critical review was carried out by Davies and colleagues (2021) to collect and discuss existing findings on burn-out of counselors and psychotherapists all over the world. Extensive literature has primarily exhibited the phenomenon of burn-out in professionals who have many years of experience in the mental health field (Aguglia et al., 2020; Alexandrova-Karamanova et al., 2016). However, research has also demonstrated the hindering and

negative impact of increased levels of stress on newly qualified counselors in the beginning of their practice which can be attributed to a perceived inability to meet professional demands (Cieslak, 2016; Duggal & Rao, 2016). To build upon empirical findings, Thompson et al. (2014) carried out a study to investigate predictors of burn-out in mental health professionals. Results showed that higher perceived mindfulness, compassion satisfaction, positive perceptions of work environment, and less maladaptive coping skills were associated with less accounts of burn-out. Moreover, an inverse relationship between years of counseling experience and burn-out was found. This finding suggests that many years of professional experience serve as a protective factor for burn-out and newly qualitied counselors may be at a greater risk.

Similarly, a study was conducted by Lee and colleagues (2015) to identify risk factors for burn-out and compassion fatigue in a sample of counselors with many years of professional experience. In the qualitative portion of this study, counselors identified personal life stressors as external such as parenting demands, pregnancy, death and grief, and professional expectations. Self-reported risk factors of burn-out were related to demands and challenges in the workplace such as increased patient load, lack of peer support, and poor relationships with colleagues. Parallel to this finding, researchers suggested that when clinical supervision and academic demands stop being implemented as rigorously after training, counselors' anxiety levels may decrease (Jungbluth, 2011). A link between anxiety and burn-out has been consistently demonstrated in past research. Ultimately, these findings shed some light on the stressors that may lead to burn-out, however the complexity of this phenomenon must be considered. In contrast with the previous data, some studies have demonstrated significant findings of burn-out without any association with professional experience.

Research has shown that counselors who have provided counseling to clients with extensive trauma tend to be more vulnerable to burn-out, regardless of years of experience (Lambert &

Lawson, 2013). Other findings have supported this by adding the phenomenon of "re-experiencing clients' trauma" and "re-enactment of adverse events" as a risk factor for burnout, at any stage of a counselor's practice (Davies et al., 2020). Moreover, a study conducted by Lent & Schwartz (2012) did not find a significant correlation between years of experience and burn-out which challenges the findings of previous literature. Lee and colleagues (2015) also failed to exhibit any association between the two variables. Overall, regarding counselor experience, findings appear to be inconsistent.

After exploring the variable of years of professional experience in relation to burnout, research on the mechanisms of burn-out and self-care, especially during times of excessive distress, will be reviewed. A study conducted by Bozgeyikli (2012) investigated the relationship between counselors' perceived self-efficacy and burn-out, compassion fatigue. and compassion satisfaction. Participants consisted of school counselors who completed a life quality scale, and a school counselor competency expectation scale. A positive association was found between perception of self-efficacy and compassion satisfaction as well as a negative relationship with burn-out, such that perceived self-efficacy protects counselors from negative outcomes. Furthermore, a study carried out by Killian (2008) focused on the presence of compassion fatigue, burn-out and self-care in professionals working with trauma survivors. In this mixed-approach study, semi-structured interviews were conducted, and a questionnaire was administered to one-hundred and four clinicians. The questionnaire inquired about emotional self-awareness, coping skills, compassion satisfaction, trauma history, and work-related stress. Results showed that exposure to trauma had significant negative implications on clinicians' well-being, however, specific strategies were identified that helped to ameliorate these effects. Participants expressed the importance of social support, being proactive in taking care of their mental health, sharing concerns with colleagues, and self-monitoring. Additionally, low emotional self-awareness was associated

with higher compassion fatigue which suggests the importance of facilitating therapist selfawareness and emotional resilience.

In a comprehensive review carried out by Cieslak (2016), the propensity for burn-out during the critical phase of counselor development is explored. Common symptoms of burnout are listed as fatigue, sleep disturbances, irritability, depression, concentration issues, withdrawal, boredom, and poor work performance. The importance of education regrading burn-out is emphasized such that novice counselors must understand the implications that burn-out may have on their own well-being, ethical obligations, and effects on therapeutic work. In this article, it is argued that novice counselors are most vulnerable to burn-out due to holding "perfectionistic and unrealistic expectations", internalizing insecurities, and maintaining "naïve unawareness" (Cieslak, 2016; Lee et al., 2001). Exposure to traumatic content may also be a risk factor for burn-out for counselors at any stage in their practice, regardless of extensive training or experience. Another study by Craig and Sprang (2010) found that age and years of experience were significant predictors of burn-out and resilience. In this study, novice trauma counselors were more at risk for burn-out while experienced trauma counselors demonstrated higher compassion satisfaction. Conclusively, no population is assumed to be immune to burn-out and due to the academic rigor and personal pressures, younger populations are especially vulnerable. These findings suggest the need for increased awareness regarding burn-out and ways to mitigate negative outcomes in this field, especially for novice counselors.

Having these findings on burn-out in mind, the significance of self-care will be explored in depth. Self-care can be understood as the act of allocating time to take care of oneself which can be implemented in one's life in various ways. The importance of self-care including heightened awareness, balance, and cultivation of empathy has been demonstrated extensively in prior literature (Tierney, 2021). That said, a review carried out by Posluns &

Gall (2019) suggested that the high prevalence of professional burn-out and stress in mental health professionals poses an immediate need for action. In a systematic review by Rupert et al. (2015), many empirically supported recommendations for burn-out prevention are suggested, with self-care as the core practice. Coping strategies to mitigate adverse effects also include personal therapy, peer support, and practicing self-care to reinforce the need to nurture the mind and body of the counselor. A study conducted by Theriault and colleagues (2015) sought to investigate the impact of self-care from professionals with many years of experience in the mental health field. The mean years of participants' counseling experience was approximately twenty-one and most had experience supervising and training novice counselors. The quantitative results yielded a significant importance for self-care as well as self-awareness of the emotional intensity of their work. Moving on to the qualitative results of this study, participants expressed multiple forms of self-care such as time management skills, setting boundaries, avoiding isolation, continuing education to develop competency, accurate self-assessment, and realistic expectations. One participant stated the following, "they are human beings with the same vulnerabilities and needs as the clients they treat... they must actively practice self-care or else they are likely to develop difficulties resulting in impaired professional competence long-term" (Theriault et al., 2015, pp. 392) Another qualitative theme was self-knowledge and the ability to notice the personal effect of countertransference. One participant argued that if therapists lack self-awareness of their own problems, this can intervene with the therapeutic relationship which is in essence, unethical. The role of self-care to cultivate self-awareness was implied.

Moreover, a review by Posluns & Gall (2019) argues the ethical duty of counselors to care for themselves to maximize therapeutic benefits and minimize harm for their clients. As coined by Gentry et al. (2002), self-care is one's ability to "refill and refuel oneself in adaptive ways". This can be understood as re-filling one's glass with water after, such that

the glass is the counselor and the water is their ability to listen, empathize, and provide support. Following sessions with clients, there is an innate need to "re-fuel", as one cannot quench another individual's thirst if their own personal resources have been exhausted. Counselors' awareness regarding their own abilities and limitations is not an indicator of personal inadequacy, but rather an adaptive capacity to respond effectively to stressors in the therapeutic setting (Baruch, 2004). A qualitative study conducted by Baker & Gabriel (2021) investigated the ways in which therapists utilize self-care in times of personal distress. In this small-scale study one counselor used the following analogy of self-care, "keeping myself emotionally and mentally intact is like putting my oxygen mask on in an airplane before helping anyone else." This participant followed to explain that if they are not equipped, they are not able to facilitate anyone else. Another participant added that being increasingly aware of their own capacity to help allowed them to be focused and present with their clients as well as identifying the need to deny taking any other clients. Maintaining a degree of self-efficacy, personal responsibility, and well-being appears to be a central theme of Baker & Gabriel's findings.

A more recent article published in 2020 investigated the impact of COVID-19 on therapist well-being and ways implement self-care in cases of large-scale distress. In the post-pandemic era, there is a heightened need to assess clinicians' personal ability to help others in adverse circumstances that they themselves attempt to navigate. In addition to high levels of anxiety and distress, a lack of self-care may result in loneliness, a sense of isolation, and helplessness which may be amplified when taking responsibility for and making decisions about clients. This article proceeded to list the potential occupational hazards of psychotherapy including physical isolation, emotional isolation, patient behaviors, and therapeutic relationships. The idea that self-care must be tailored to therapists' needs to be meaningful ties into the ties into individual needs, limitations, and areas of neglect. For

instance, ample sleep, exercise, healthy stress outlets, personal therapy, and meaningful interactions are examples of self-care strategies that may help "refuel" therapists, especially in times of enhanced distress. Based on previous findings, an optimal balance between self-care and other-care must be established and it is vital that conscious steps are taken in order to care for one's personal, and professional wellness. This is not only important for the counselor's holistic well-being, but it is also essential to the quality of care that they are subsequently able to provide. Furthermore, practicing self-care can build the counselor's emotional resilience, vitality, and ability to self-reflect when brought in contact with challenging cases (Skovholt & Trotter-Mathison, 2016).

Conclusively, research has demonstrated that mental health professionals as well as other occupations in positions of helping and healing others are at risk of burn-out (Skovholt & Trotter-Mathison, 2016). The he underlying phenomenon that leads to burn-out may be disproportionate care such that professionals give more attention to their clients' needs while neglecting their own needs. Notably, it has been observed that although characteristics such as empathy and compassion may be effective in fostering a bond between counselor and client, such qualities may also leave counselors vulnerable to negative outcomes like burn-out (Thompson et al., 2014). Thus, it can be suggested that the cultivation of empathy and compassion should be accompanied by emotional resilience and self-awareness to protect counselors' well-being (Lakioti et al., 2020).

Mindfulness and MBSR as self-care for mental health counselors

To address the increasingly important need of self-care for mental health professionals, mindfulness may be advocated as a multifaceted way to combat burn-out, build resilience, and cultivate empathy. The recent integration of mindfulness in the therapeutic realm has resulted in the creation of various therapeutic practices to benefit clients as well as therapists. Briefly touching on the benefits of mindfulness for clients in a therapeutic setting,

research has consistently demonstrated reduced psychological distress, and decreased anxiety and depressive symptoms (Fjorback et al., 2011). There is a rich body of research to support the benefits of MBSR as a complementary treatment to other psychotherapeutic approaches in terms of therapeutic outcomes for clients. However, for the purpose of the current research, the focus will be turned to the function of mindfulness as a form of self-care for mental health professionals. Considering the benefits for professionals themselves, self-care is a critical component of a therapist's responsibility to maintain clarity, focus, and resilience during and beyond sessions. A study conducted by Richards et al. (2010) explored the relationship between mindfulness and well-being in a large sample of mental health professionals. As clarified in the study, mindfulness refers to maintaining awareness of oneself and one's environment while self-awareness is knowledge of one's thoughts and emotions. A survey was administered, and several valid scales were utilized to measure self-care, mindfulness, and well-being. Confirming the study's hypothesis, results showed a significant positive correlation between self-awareness and mindfulness. In addition to this finding, mindfulness was found to be a significant mediator between self-care and well-being such that one must achieve a state of mindfulness to fully obtain the benefits from self-care.

Another study was conducted to observe the role of self-compassion between mindfulness and burn-out among therapists in Hong Kong, China (Yip et al., 2016). Results from this study demonstrated that in addition to being psychologically beneficial, mindfulness may protect therapists from the phenomena of burn-out, compassion fatigue, and secondary traumatic stress. Additionally, Yip and colleagues (2016) found that self-coldness (eg. negative self-talk, self-criticism) was a mediating factor between mindfulness and both burn-out and secondary trauma. Parallel to this, the relationship between mindfulness and a compassionate therapeutic alliance with clients was mediated by self-warmth (positive self-talk, self-compassion). These findings suggest significant implications of self-compassion,

"self-warmth", and patience with the self, or the lack of those qualities in therapists. Further, the same study found an association between increased mindfulness with less burn-out and higher levels of compassion to therapists themselves and toward their clients.

Research supports the ability of mindfulness practice to foster affective and interpersonal skills such as emotion regulation, decreased reactivity, increased response flexibility, empathy, compassion, and improved counseling skills (David & Hayes, 2011). Specifically examining the MBSR as self-care, Shapiro & Brown (2007) conducted a study with fifty-four participants, all recruited from a master's level counseling psychology program and actively being trained to become therapists. Participants were randomly assigned to enrollment in an MBSR course and control group courses. The Mindful Attention Awareness Scale (MAAS) was administered pre- and post- course to assess self-awareness, internal mental states, and overall behavior changes. Higher scores were operationally defined as higher mindfulness. Additionally, distress and well-being were measured utilizing the following reliable and valid scales: the PANAS (Positive and Negative Affectivity Schedule) and the PSS (Perceived Stress Scale). All participants who completed the MBSR reported improved mental health, declines in perceived stress, negative, affect, and anxiety as well as an enhanced capacity to emotionally regulate.

Furthermore, Boellinghaus and colleagues (2013) explored the experience of practicing loving-kindness meditation, often a component of MBSR. Semi-structured interviews were conducted with therapists-in-training who had prior participation in a mindfulness course as well as more recent participation in a loving-kindness meditation course. Analysis was carried out with IPA and the following themes were found: 1) engaging with the practice, 2) impact on self, 3) impact on relationships, 4) cultivating compassion in sessions, and 5) integrating mindfulness in daily life (Boellinghaus et al., 2013). Another study with a sample of female psychotherapists-in-training found consistent results to the

above (Dorian & Killebrew, 2014). Participation in an MBSR program has also been shown to substantially improve therapists' counseling skills and therapeutic relationships (Newsome et al., 2006) In addition to this, similar results have been found in populations of experienced and practicing clinicians. A systematic review by Rudaz and colleagues (2017) examined the effectiveness of multiple mindfulness-based programs, included the MBSR, on fostering self-care and decreasing stress levels in mental health professionals. Extensive findings pointed to stress reduction and decreased risk of burn-out as a result of participation in the MBSR. Additionally, it was found that the MBSR provided more benefits to mental health professionals compared to other stressed populations who were otherwise healthy (Khoury et al., 2015; Rudaz et al., 2017). Another study from this review administered the MBSR to a sample of mental health professionals (psychiatric nurses, occupational therapists, psychologists) which yielded significant reductions in self-reported stress (Dobie et al., 2016).

Another study carried out by Raab and colleagues (2015) studied the effects of MBSR on stress reduction and self-compassion among mental health professionals. Twenty-two female professionals were recruited and instructed to attend an MBSR course. The SCS (Self-Compassion Scale) was administered pre- and post-MBSR, and significant differences were found. In fact, participants reported higher self-compassion as well as improved self-kindness and mindfulness. No significant effects for burn-out were found. Moreover, it is also critical to consider countertransference between therapist and client such that benefits experienced from an MBSR program by the therapist may obliquely, yet positively influence the client (Fatter & Hayes, 2013). Moreover, Janssen and colleagues (2020) conducted a pilot study to investigate the effects of MBSR training on healthcare professionals' mental health. The researchers sought to observe any positive and negative mental health variables to test the efficacy of MBSR training. In this study, healthcare professionals consisted of physicians,

physical therapists, nurses, social workers, and additionally, psychologists. The training was delivered to all participants and multiple valid questionnaires were administered including the FFMQ (Five Facet Mindfulness Questionnaire), the DASS (Dutch Depression, Anxiety, and Stress Scale), and the MBI-GS (Maslach Burn-out Inventory – General Survey). Changes in mindfulness were measured with the FFMQ, a scale with the following subscales: observing, describing, acting with awareness, as well as non-judging, and non-reactivity to internal experiences. Burn-out, another variable in this study, was measured with the MBI-GS which includes items on emotional exhaustion, mental distance, and job-related personal accomplishment. Results showed a significant increase in general mindfulness, positive emotions, and personal accomplishment and furthermore, a decrease in emotional exhaustion, stress, negative emotions in the workplace, and excessive worrying.

Likewise, a randomized control study by de Vibe and colleagues (2013) explored the effects of MBSR training on mental distress, study-related anxiety, burn-out, mindfulness, and subjective well-being on psychology and medical students in Norway. Self-report measures were given pre- and post-intervention including the "General Health Questionnaire, the Maslach Burn-out Inventory, Perceived Medical School Stress, Subjective Well-being, and FFMQ" (de Vibe et al., 2013). After participation in the MBSR and completion of the questionnaires, results showed a significant reduction in mental distress and improved subjective well-being. No significant effect was found for burn-out, however, this may be attributed to the student status of the participants and may be a limitation of this study. Interestingly, only female students exhibited a higher impact on distress, study stress, and well-being. It was also found that participants with a consistent adherence to a home mindfulness practice benefited the most from the eight-week program.

Similarly, a qualitative study conducted by Koliris in 2012 investigated the experience of mindfulness in therapists and counseling trainees. This comprehensive study consisted of

two projects: one and investigating the experience of mindfulness in practitioners in the United Kingdom employing IPA analysis and the second examining the experience of mindfulness in counseling trainees in Greece. Firstly, interviews were administered to five practitioners regarding their experiences with mindfulness. The following themes emerged, "1) obtaining a different way of relating to oneself, 2) wholeness and importance of the body, 3) spiritual needs, 4) interconnectedness and belonging" (Koliris, 2012). Results demonstrated the capacity of mindfulness to encourage personal growth which in turn, impacts counselors' professional role. Additional results exhibited that participants felt a "greater sense of wholeness" post-MBSR and they cultivated a different relationship with themselves. Ultimately, in both parts of this study, mindfulness training was shown to foster an integration of counselors' personal and professional selves which is a key component in the health, longevity, and success of a clinical practice.

Moreover, after exploring vast empirical findings on the effects and experience of MBSR of mental health professionals, the following question is posed: 'how long do therapists continue practicing mindfulness after the completion of a mindfulness program?' Research has demonstrated that adherence to a practice is an integral part of cultivating a mindful mind, building resilience, and incorporating mindfulness in one's life (Grossman, 2011). A study conducted by Ribeiro and colleagues (2017) sought to investigate novice meditators' adherence and long-term effects of mindfulness practice following an intervention. It is important to note that participants in this study consisted of mildly stressed individuals ranging from fifty to eighty years old who participated in a six-week mindfulness meditation (MM) intervention, and they were not mental health professionals. After an two-month post-intervention period, participants' self-reported well-being and level of home practice were evaluated. Results demonstrated a high adherence to practice, decreased stress, and improvements in reported quality of life. Other studies have yielded similar results, with

high adherence rates post-mindfulness intervention and improvements in psychological well-being, although the post-intervention period that was studied did not surpass a two-month period (Rozenweig et al., 2010; Ribeiro et al., 2017). Contrarily, there are findings that have demonstrated inconsistent adherence to mindfulness practice post-intervention. A study conducted Canby and colleagues (2021) investigated traits such as personality, depressive symptoms, and executive function to observe and predict meditation adherence long-term. Conscientiousness is defined as having self-discipline, self-regulation, and a motivation to achieve. Results showed that conscientiousness and depressive symptoms predicted better post-intervention meditation adherence while participants with low conscientiousness did not adhere as well to a continued meditation practice post-intervention. There is limited research demonstrating long-term adherence post-MBSR.

Additionally, home practice during and after the mindfulness program can be identified as formal and informal. Formal refers to allocating time to practice specific meditation techniques with or without a guided audio. An informal practice is about cultivating a mindful state of mind during various daily activities such as taking a shower, eating, or walking. Notably, both an informal and formal practice are highly recommended in the context of the MBSR program and most other mindfulness interventions. Research has yielded varying data based on the type of practice implemented post-intervention.

Specifically, one study found that following an MBSR program, participants who continued a formal practice were less stressed and self-reportedly, more mindful (Carmody & Baer, 2007). Other findings, however, have yielded different results pointing to a continued informal practice as more beneficial due to its ability to seamlessly fit into one's daily life long-term (Morgan et al., 2014; Shapiro et al., 2003). The subjectivity of adherence measures likely relates to the absence of reliable data such that meditators may overestimate their home

practice. Ultimately, research regarding adherence post-intervention is limited, with studies utilizing various mindfulness-based interventions and different sample types.

Limitations of prior research

Despite the existence of extensive research on mindfulness, MBSR, self-care, and burn-out, there are several gaps that must be addressed. To elaborate on the previous topic of post-intervention adherence, although research has investigated the effects of mindfulness and MBSR in various populations including mental health professionals, little is known about the long-term outcomes. Although during the eight-week period of the MBSR, data is usually collected regarding the impressions of participants and perceived benefits, there is not much information about the continuation and longevity of a practice. It is important to explore the long-term outcomes of MBSR and whether there is eagerness to continue a practice or rather, resistance or reluctance in pursuing a practice post-intervention. If there is self-reported adherence, further exploration regarding the type of continued practice, informal or formal, is needed. Furthermore, in terms of counselor experience, many studies have focused on novice counselors and counselors in training. Although burn-out may be prevalent in early stages of one's practice, other findings have pointed to repeated exposure to clients' trauma as a risk factor, with more years of experience leading to more burn-out. Ultimately, the inconsistency in results poses as a limitation and to address this, there is a need for more research, especially in counselors with moderate experience. Also, most research appears to be quantitative, using surveys and questionnaires to obtain data regarding the relationships between mindfulness, MBSR, self-care, and burn-out. Although these findings are critical, more qualitative research is required to explore subjective experiences and perspectives. Furthermore, many past studies have used various programs (such as MBSR, MBCT, yoga, and home practice) to measure mindfulness which creates a heterogenous picture and does not allow a cohesive understanding of the results. Thus, to address this limitation, the current

study will solely focus on the MBSR, an effective and empirically tested program. Lastly, there is minimal research available regarding counselors in Greece which this study will investigate to explore any differences related to culture or ethnicity.

The present study

This purpose of this qualitative study is to explore the subjective experiences of mental health counselors in Greece who have participated in an eight-week MBSR program. Specifically, the aim is to shed light on mindfulness as a function of professional and personal self-care as well as a protective factor to avoid burn-out. To address limitations of prior research, this study has focused on experienced professionals with at least five years of professional experience who may have endured signs of burn-out in their practice, rather than novice counselors or counselors in training. The perceived benefits of the MBSR have been examined through the lens of self-care and personal growth as a means of strengthening counselors' skills and ability to provide services long-term, without experiencing burn-out. Since many prior studies have employed quantitative designs, the present study has attempted to enrich existing literature by utilizing a qualitative measure to gather a holistic view on counselors' experiences. To address another limitation of past research, Greek mental health counselors who have lived and worked in Greece have been interviewed which will expand our understanding of these measures in a minimally studied population. Additionally, to address the issue of adherence post-intervention, this study has explored any long-term, perceived outcomes of MBSR and whether participants continue to practice mindfulness on a regular or semi-regular basis after completion of the MBSR and in which way. Furthermore, to obtain a cohesive understanding of the results in this study, experience in the MBSR was required, a program widely validated by research. There is empirical data to support the structure, pace, and practices of the MBSR and the focus on one specific program enhances the homogeneity of this study.

Chapter 2: Methodology

Analytic strategy

Founded by Jonathan Smith in the 1990s, Interpretive Phenomenological Analysis (IPA) is a widely established qualitative approach. The primary goal of this method is to closely approach the participant's subjective experience and attempt to understand the world from their perspective. To elaborate, IPA aims to observe and dissect the participant's experiences and learn more about them with some room for interpretation. Thus, the researcher's role is to try to comprehend the participant's inner world through an interpretive activity process. Regarding the theoretical underpinnings of IPA, there are three main areas: phenomenology, hermeneutics, and idiography (Shinebourne, 2011). In the context of psychology, phenomenology involves the exploration of human lived experience as well as the individual meanings that each individual attributes to their experience (Shinebourne, 2011). Phenomenology calls for the exposure of meanings which are often covered by the phenomenon's way of emerging. By nature, phenomenology has a philosophical foundation, and it encourages a shift from "natural attitude to a phenomenological attitude" with reductions that lead to the authentic experience (Eatough & Smith, 2017). Hermeneutics, a key component of IPA, refer to ideas of understanding and interpretation. To clarify, phenomenology involves the lived experiences of participants while hermeneutics is about the interpretation of the participants' life and experiences (Alase, 2017). There is a two-stage interpretation process including questioning hermeneutics and empathic hermeneutics (Smith & Osborn, 2008). This can be comprehended as an active effort of the researcher to make sense of and empathize with the participant while simultaneously, posing questions that challenge the elements of the interview (Smith & Orborn, 2008). Idiography constitutes another aspect of IPA, which involves an in-depth focus on a finely textured analysis, in contrast with other research methods (Shinebourne, 2011). This idea is to offer insight into an individuals' perception of a given situation, instead of producing generalized findings (Eatough & Smith, 2017). It is important that participants are provided with a platform to share their lived experiences without fear of distortion. Due to the subjective nature of this qualitative research approach, a bond is formed between the researcher and the participants (Alase, 2017). Thus, IPA becomes an interpretative, interactive, and interpersonal approach which offers an abundance of insight.

In the present study, the objective has been to grasp the essence of the participants' world in the context of MBSR training, self-care, and potential experiences of burn-out, and its impact on their personal and professional practice. Considering the two-stage interpretation process, I have attempted to understand the participants' point of view while critically interpreting the content of the interviews in the analysis, as to avoid a purely objective statement. The purpose of this study involves the exploration of experiences, and the questions of the interview schedule are open-ended to promote long, comprehensive responses. Additionally, a vital part of the current study is to encourage freedom and openness such that participants feel safe to share their story without rigidity and confinement. Based on the characteristics of IPA and the aim of this study, IPA has been regarded as the most appropriate methodology.

Recruitment of participants

For the purpose of this qualitative study, three participants were recruited. To recruit participants, I contacted professional organizations that offer MBSR programs (Mindfulness 360, Institute for Behavioral Research, OneBreath) and attempted to gather contact information of mental health professionals who had completed the MBSR. I explained the aim of the current study and I kindly requested that MBSR graduates with the appropriate inclusion criteria are informed about this research and given the researcher's contact information. An additional recruitment method was publicly posting in Facebook groups of

MBSR graduates as well as groups of psychologists, therapists, and counselors with a clear description of the inclusion criteria and the general aim of this study (See Appendix A). The inclusion criteria were a) at least five years of clinical experience as a mental health professional, b) prior participation and completion of an MBSR program with a certification to verify participation, and c) Greece as the current place of residence. Additionally, although participants' ethnicity did not have to be Greek, it was critical that they had been living in Greece for at least five years and that their professional practice is in Greece. An exclusion criterion was general experience with mindfulness, without verified participation in MBSR training. The inclusion and exclusion criteria were clearly stated in the modes of recruitment. When this process was completed, I informed participants about the forms that must be completed, the approximate duration of the interview, and I ensured the confidentiality of the study.

The first participant, who is referred to as Participant #1, is a thirty-two-year-old, non-binary psychologist with six years of clinical experience in Greece. Additionally, they have been living and working in Greece for at least the past five years and they completed the MBSR program at the Athens Mindfulness Centre in 2015. The second participant, who is referred to as Participant #2, is a thirty-two-year-old, female psychologist with six years of clinical experience in Greece. She has been living and working in Athens, Greece for at least the past five years and she completed the MBSR program at the Athens Mindfulness Centre in 2016. Lastly, the third participant, who is referred to as Participant #3, is a fifty-five-year-old, male psychologist with fifteen years of clinical experience in Greece. He has been living and working in Greece for at least the past five years and he completed the MBSR program at the Athens Mindfulness Centre in 2016. In the Results and Discussion sections of this paper, the participants are referenced to as Participant #1, Participant #2, and Participant #3 for confidentiality purposes. The abbreviations for each participant are P1, P2, and P3 for

Participant 1, Participant 2, and Participant 3 respectively (See Appendix G). Considering the gender identity and preferred pronouns of each participant, Participant #1 is referred to as "they", Participant #2 as "she", and Participant #3 as "he" in the analysis.

Interview procedure

The interviews were conducted online, via the Zoom platform. For transcription purposes, the interviews were audio and video recorded and the recordings were passwordprotected and stored on the researcher's computer. Since all three of the interviews were conducted in Greek, they were transcribed and manually translated to English to ensure a cohesive analysis. The purpose of recording was to transcribe the interviews with observations of subtle cues and body language, and after one month, the recordings were permanently erased. Before the interview process began, a document with demographic information was sent via email to participants (See Appendix B). This form included information about participants' name, age, gender, and profession. Additionally, they were asked to provide the number of years of their professional experience, country of residence for the past five years, date of MBSR program completion, and name of the institution from which they have completed the MBSR. Proof of MBSR completion was also provided by all participants to verify program completion prior to the interviews. Along with the demographic sheet, two informed consent forms were emailed to participants which required signatures from the participants and the researcher (See Appendix C and Appendix D). All the necessary forms were filled out, signed, and returned to the researcher by all participants. After the forms were completed, the day and time of the online interviews were scheduled, based on the participants' availability and preference.

Interview schedule

Multiple semi-structured interviews took place, each lasting thirty minutes to one hour.

The structure of the interviews allowed for an open discussion with some guidance to obtain

a comprehensive view of the participant's experience. Questions were prepared in both English and Greek, to cater to all participants regardless of preferred language. Since all interviews were conducted in Greek, the analogous interview schedule was used (See Appendix F). Listed below are the interview questions.

- a) Ice breaker question: Would you like to share some information about your experience with the MBSR?
- b) What was the impact of this program for you, if any?
- c) Have there been changes in your mood before the MBSR as compared to after the MBSR?
- d) Have there been any positive outcomes of the MBSR for you? *If so, please elaborate.
- e) Are there any ways that you have found mindfulness to be irrelevant or difficult in your life? *If so, please elaborate.
- f) Has mindfulness continued to be a part of your life after the MBSR? *If so, what does this look like on a given day? Please provide an example. *If not, have there been obstacles which have kept you from practicing mindfulness after the program? *If yes, do you tend to have an informal or formal practice?
- g) Has mindfulness resulted in any changes in your professional presence? *What about changes in your personal life?
- h) For the purpose of this study, burn-out is defined as a cumulative sense of fatigue, often related to excessive stress in one's job. Symptoms of burn-out are chronic feelings of exhaustion, low energy, mental distance from one's job, loss of motivation, insomnia, irritability, difficulty concentrating, and reduced professional efficacy. Have you ever experienced such symptoms? *If so, what did this look like or feel like for you?
- i) Are there any strategies that you use to prevent burn-out?

- j) Has mindfulness played a part in how you look after yourself? *If so, how?
- k) Is there anything else that you would like to share about your experience?*Questions with an asterisk are potential follow up questions.

Transcription

The interviews were transcribed verbatim, including nonverbal cues, facial expressions, intonation, and any other notable gestures. A Transcript Key was used to note instances of notable body language, facial expressions, laughter, and other nonverbal cues of participants throughout the interviews (See Appendix G). Selected material from the transcript with the researcher's comments (See Appendix I), selected material from the original transcript in Greek (Appendix J), and the full translated transcripts without comments have also been provided (See Appendix K).

Analysis of data and validity

To guarantee the validity of my interpretation and data collection, I used the four quality criteria coined by Yardley (2000): sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance. A qualitative study may exemplify sensitivity to context by fostering awareness of the participants' perspectives, the cultural and linguistic context of the research, and how this all may impact the participants as well as the researcher (Yardley, 2016). Thus, to protect this criterion, I have presented extensive literature and empirical data of prior studies to support the purpose of the present study and the gap in research that I have attempted to fill. Additionally, I have remained sensitive to the sociocultural and unique background of each participant and consider ethical considerations when approaching the interview process. Further, to ensure the criterion of commitment and rigor, I have utilized methodology that best suits the scope of this study, and I have engaged with the topic in-depth from a personal, professional, and evidence-based perspective.

Additionally, I have collected the data thoroughly, provided depth in the analysis and immersed myself fully in the data.

As discussed extensively in the literature review, being present is a key component of mindfulness and it is an approach that I have adopted during the data collection process and analysis. To safeguard transparency and coherence, I have remained open about all elements of the pre-interview, interview, and analysis process and I have offered clarity regarding reflexivity. According to Yardley (2016), it is also critical that the reader can clearly see how the interpretations were acquired from the data. Along these lines, there was an effort to provide a holistic view of mindfulness, including positive and potential negative outcomes by including negative or neutral findings in the literature review. Additionally, I have remained aware and conscious of my personal biases and background to address personal reflexivity. It is important to recognize my limitations as a researcher. Concerning epistemological reflexivity, I have maintained awareness of any biases that may be present involving my position as a graduate psychology student and a future psychologist. It is important to recognize my limitations and biases; all of which are transparent in the personal reflection of this research. Moreover, to protect the criterion of impact and importance, I have presented enough information about the significance and implications of the current study. My analysis has been shared with my supervisor, Dr. Koliris, and a few colleagues/ fellow students to gain feedback and different perspectives on my interpretations.

Ethical considerations

Before recruiting participants, ethical approval from the Institutional Review Board (IBR) was obtained. To protect the safety and integrity of participants in this study, confidentiality was disclosed and respected. It was important that participants felt comfortable and safe to volunteer to participate and subsequently, to express themselves and openly share during the interview process. All participants were asked to sign informed consent forms and they were

provided with a signed copy. In addition to providing informed consent forms, the information was reiterated verbally to ensure that the participants fully understood the scope of their participation. The interviews were recorded for transcription purposes, and thus, there was an additional consent form involving consent of video and audio release. Participants were informed of their right to withdraw from the study at any time if they felt uncomfortable or unsafe. Additionally, at the end of the interview process, participants were thoroughly debriefed about the purpose of the study, and they were informed about the use of pseudonyms and alteration of personal details to protect their identity. Lastly, the transcripts and recordings were stored in a folder on the researcher's password-protected computer which was permanently deleted after the transcription process was completed. Considering the previously mentioned quality criteria by Yardley (2000), this research has protected sensitivity to context which impacts the researcher's and the participants' well-being as well as the integrity of the research. Transparency and coherence ensured that participants willingly took part in the study after obtaining all necessary information and making an informed decision. Additionally, a telephone number of a counseling organization was provided on the debriefing form to all participants in the case that they felt the need to speak with a professional following the interviews (See Appendix E).

Personal reflections on motivation to conduct this research

Although primarily, my aim was to add to enrich existing research on mindfulness, my interest and desire to further explore this topic was also rooted in my own personal experiences. I am a twenty-six-year-old psychology graduate-school student and I have been living in Greece for a total of eleven years, after having lived in the United States for fifteen years. As I have approached my last year in the master's program, I have delved into a more practical aspect of psychology which countless theoretical courses have prepared me for. While tackling the practicum and facing clients for the first time and exploring my feelings in

personal therapy, I have reflected a lot about my own doubts, fears, and sources of stress in my professional future. In Spring of 2022, I completed a graduate-level academic course regarding short-term approaches of psychotherapy, with one portion of the course focusing on mindfulness-based treatments. This course was highly experiential, and it consisted of meditation practice during class time, reflective journals, and expanding our knowledge on mindfulness by reading relevant articles. Most of the content in this course highlighted the benefits of mindfulness and MBSR, which further enhanced my personal outlook. I continued to practice mindfulness after completion of the course, on a semi-regular basis.

Furthermore, even though I had been exposed to mindfulness in the past and I have some prior experience with meditation, I decided to expand my knowledge and participate in an MBSR course. In the summer of 2022, I completed an eight-week MBSR course offered by qualified instructor Vasilis Xypolias from Mindfulness 360. Throughout the two months, I kept a self-reflective diary, for my own personal growth and in preparation for this research. There was an immense desire to experience an MBSR from the inside and observe changes within myself. There have been moments in my personal life when I have experienced some warning signs of burn-out and over time, I have learned about the importance of self-care and prioritizing the self. After completion of the MBSR, I have embraced mindfulness as a safe haven for my mind and body when there is a need for stability, understanding, and peace.

As I am still a counselor in training and I do not have any substantial clinical experience yet, I was interested in observing counselors who have endured the heaviness of their profession and ways in which mindfulness has helped them. I felt like the impact may be more evident in those with extensive experience who tread a fine line between burn-out, self-care, and finding a balance. I understand that personal feelings of doubt, incompetence, and fear may have appeared in my analysis, as I have interpreted findings through the lens of a counselor in training who is beginning to explore unchartered territory. Supervision and

feedback were a protective factor to avoid transference of my inner state onto participants. Furthermore, mindfulness has been of major interest to me for a long time and I knew that I wanted to conduct research related to it. Thus, I completed some preparatory work in anticipation for this research to gain the experience of the MBSR myself. I understand that my positive experiences both in the academic course and the MBSR shaped my perspective and biases on finding positive results. One of my biases is that I expected only positive outcomes as a result of mindfulness practice, and it was difficult for me to imagine a negative experience. I thoroughly examined the existing literature with an open mind, trying to exhibit all findings, both positive and negative. Additionally, with the objective of conducting a study with unbiased findings, I worked very closely with my supervisor. Additionally, throughout the research process, I sent excerpts of my work to colleagues to receive feedback on the tone and feeling that my paper evokes. Overall, my personal interests and concerns inspired me to conduct this study and listen to mental health professionals' experiences with mindfulness, self-care, and burn-out from a personal and professional point of view. My objective was to gain a deeper understanding of their experiences, create themes to interpret important elements, and fill a gap in research with a Greek population that has been minimally studied.

Chapter 3: Results

Overview of Themes (See Appendix H)

I. Burn-Out: More Than an Occupational Phenomenon

- A. Hitting Rock Bottom: A Wake-Up Call
 - a. Exhaustion and Hopelessness: An Inability to Perform and a Loss of Purpose
- B. Surviving Burn-Out
 - a. Finding a Way Out

II. An Antidote: Positive Outcomes of the MBSR

- A. Improvements in Personal and Professional Presence
 - a. Building a Toolbox: Acquiring the Necessary Skills
 - b. Gaining Perspective and Being Present: Approaching Clients
 Differently
- B. Mindfulness as a Form of Self-Care
 - a. The Here and Now: Through the Eyes of a Baby
 - b. Taking Care of Myself: Mindfulness as an Anchor
 - c. Anxiety and Depression: Getting to Know My Limits and Boundaries

III. The Reality of a Continued Practice: Mindfulness Post-MBSR

- A. Implementing a Daily Practice: It's Not As Easy As It Looks
 - a. Obstacles: Mindfulness As a Revolution
 - b. Finding Time and Motivation To Be Still
- B. Integration in the Mindfulness Community
 - a. Staying in Touch: Extending the Benefits of Mindfulness

Presentation of Themes

I. Burn-Out: More Than an Occupational Phenomenon. Deeply rooted in occupational settings, burn-out is a phenomenon that encompasses a state of excessive fatigue, irritability, hopelessness, and a loss of motivation. Although often the initial cause is cumulative stress in the workplace, burn-out often extends into one's personal life, resulting in overall decreased mental well-being. Within the scope of this study, three mental health professionals have all reportedly faced the phenomenon of burn-out or at least some symptomatology of burn-out throughout their clinical experience.

A. Hitting Rock Bottom: A Wake-Up Call. Burn-out is often viewed as reaching a point of no return such that implementing change in one's way of life is no longer deemed optional but necessary. Participant #3 experienced a critical time in his life when the accumulation of burn-out symptoms appeared to reach a point of no return. The sense of being violently woken up by life was evident from a phrase that the participant used to describe his experience, "...it is like an illness that wakes you up. It was for me" (P3, page 14, line 340). To him, burn-out was perceived almost like a life-altering diagnosis of an illness which would compel someone to reevaluate their way of life and evoke major change. In this regard, Participant #3 expressed the immediate implication of burn-out that he experienced, namely, "...it changed my life. It forced me to lower my pace..." (P3, page 14, line 339). Ultimately, reaching the lowest point possible appeared to be an event which left this individual with no choice other than to slow down and assess the way that he had been living up until this point. As described, burn-out appeared as a much-needed reality check in his life as it shook him to his core and showed him that his fast pace was not sustainable long-term and on the contrary, it was impairing him.

a. Exhaustion and Hopelessness: An Inability to Perform and a Loss of Purpose.
 Although burn-out is a multifaceted phenomenon that may be experienced differently by each

individual, there are some common elements in the two other participants' experiences. Building upon Participant #3's experience of burn-out as a wake-up call and a life-changing event, a sense of exhaustion and hopelessness also appear as central features of burn-out. The accumulation of stress over a long period of time brought Participant #1 to their breaking point. There appeared to be a lack of motivation to accomplish daily tasks at work and this exhaustion even followed them home. Suddenly, there was an inability to perform, and excessive energy was needed to complete regular tasks. Participant #1 described:

"...it was a period of continued- continuous months when I experienced a lot of stress uh until at some point toward the end of the year [looked above] uh I started to feel that uh I was very exhausted. That I cannot perform anymore. I basically felt like every day, I had to put in excessive effort and when I returned home [looked above and to the left] it was uh like I didn't have the courage to continue the next day."

(P1, pages 6-7, lines 147-151)

Furthermore, in this state of exhaustion, there appeared to be a persisting desire for the mind to escape and break free from the work environment and the stress that is associated with it. According to Participant #2, when one's limits have been reached, the only possible solution is to escape and to quit, in hope of seeking some sense of relief. However, this state of exhaustion seemed to stay with the mind beyond the workplace and into one's home and personal space, namely:

"...that my mind wants to escape and not be engaged with work uhh a sense of quitting uhh [short pause] generally how I feel at work really affects me, how I feel

afterwards generally affects me. So, I carry all of this emotion afterward and this exhaustion."

(P2, page 7, lines 171-174)

Furthermore, Participant #2 proceeded to describe her experience as deeply personal since there was a sense hopelessness and a loss of purpose as an individual. She began to question her purpose in life and whether her professional presence was fulfilling enough. The participant expressed herself in the following way, "And a lack of purpose somehow, that 'what am I doing, I am not doing anything' let's say, in my life, if I am not doing something that I like, for it to be mine, to give me purpose" (P2, pages 7-8, lines 174-176). Additionally, the quality of work conditions was emphasized as a potential cause of burn-out, with more difficult conditions leading to a higher chance of burning out, according to her perception. As expressed by the participant, "And okay, mostly I connect it with certain work contexts that I have worked in and this year, where I work is very very difficult so [short pause] I also connect the whole burn-out thing with the conditions" (P2, page 8, lines 176-179). Referring to these conditions, this participant proceeded to describe her job as a school psychologist in the public sector working with children with special needs. She characterized the conditions as "pretty exhausting" due to the annual change of environment and adjusting to novel stimuli each time, specifically, "Okay I work in the public sector, in a school. Every year, I am somewhere else of course. Umm [raised eyebrows] and these conditions are pretty exhausting [looked above] the whole, every year, go and learn another context, new faces, new children, and as soon as you kind of get to know things and get into a rhythm, the year is over and you leave" (P2, page 8, lines 185-189). In addition to this, there appeared to be confusion and frustration regarding how others perceived the professional role of this participant. She mentioned, "Umm someone has confused what a psychologist does [smiled] I don't- I don't

exactly know that I have to constantly clarify my role because it is very misunderstood uhh in the schools or anyway it is not clarified..." (P2, page 8, lines 193-195). It appeared that this participant has felt misunderstood as a professional and perhaps, undertaking more responsibilities than her role requires contributed to the aforementioned exhaustion.

B. Surviving Burn-Out. Although the experience of burn-out is common and often illustrated as hitting rock bottom, there appears to be a light at the end of the tunnel. According to the participants' accounts, there was a desire and an effort to recover from it. Amongst an array of strategies to survive burn-out, healthy and maladaptive, there is no 'one size fits all' and ways of coping vary from person to person.

a. Finding a Way Out. For one participant who has experienced symptoms of burn-out due to difficult work conditions, a strategy based on setting boundaries and acceptance appeared to be helpful. Participant #2 drew a line between work and personal life such that issues related to work were left at work at the end of the day and not taken home with her. She described this as "turning off the switch" when work is over. Another element of this participant's strategy was based on acceptance; accomplishments at work, or the lack of, were not taken personally and she accepted things as they were. This was described as refusing to carry the weight of professional expectations. Knowing her limitations as a mental health professional and understanding that she is not a savior, as psychologists are often viewed as saviors, allowed her to become comfortable with excelling in her work while accepting whatever cannot be changed. This mindset appeared to provide her with a sense of relief and a way out of the vicious cycle of burn-out, namely:

"For me the strategy is that somehow, I turn off the switch, I don't- so when work is over, goodbye. It is closed, it is none of my business. I do not take whether the work happens or not personally because I know that work will not happen, as futile as that

sounds, somehow, I have accepted that these are the conditions, I cannot change them. I do the best that I can, it may not have any result, but what can we do now. So kind of like that, I have a sense of numbness in a way [fixed her glasses] uh and I do not carry, this along with me. Uhm generally though uhh to- to be able to accept that you are not a savior, uh I think that this is the most important part of my job."

(P2, page 9, lines 201-208)

Moreover, the same participant emphasized the importance of baby steps instead of getting caught up in the long-term progress of her clients. She expressed this idea in the following way, "And to say that, small, small steps, small goals [smiled], small victories.

That is a strategy. And also to focus on the children... to focus on- on my relationships with the children that I see that maybe something is going well, even something small let's say. A smile, a hug, let's say. [smiled]" (P2, page 9, lines 209-213). As Participant #2 described this strategy, a strong sense of optimism and hope accompanied her words. While there are many possible coping strategies to combat and prevent burn-out, mindfulness was also mentioned as a helpful mechanism as well as a protective factor. According to Participant #3, it is important to take time to observe and feel what is happening within oneself in order to assess and alter their external reality. This participant presented mindfulness as a way to train himself to recognize warning signs of burn-out. Part of this idea is to become observant of activities that may be evoking exhaustion over time and triggering occurences of burn-out. In the following quote, the participant referred to a "cycle that leads to burn-out" which can be prevented by becoming self-aware of personal limits and needs. He stated:

"I just wanted to say, to not forget to say that mindfulness gives you tools and warning signs, it trains you for the signs of the body and in some way it protects you uhmm to recognize when you are heading toward- so the exercise in the second-tolast meeting of the educational program was about it. To observe which activities in your life are exhausting and what can put you into a cycle that leads you to burn-out." (P3, page 15, lines 357-362)

Following the participants' personal accounts of burn-out and different coping strategies, it seemed like despite their differences, each individual wanted to find a way out of the exhaustion, stress, and inability to perform in their lives. Notably, there was an attempt to set boundaries and draw a line between work and personal life, to prioritize the self, and to recognize personal limitations. There was a desire to embrace and accept things as they are, without taking personal responsibility for every outcome. Participant #3 referenced the utilization of mindfulness as a means of protecting themselves from burn-out by observing and recognizing warning signs. This participant also emphasized the importance of personal therapy in terms of burn-out prevention. He specifically said, "...counseling and mindfulness are two nurturing systems and in an indirect way, they were therapeutic toward burn-out as well" (P3, page 14, line 344).

II. An Antidote: Positive Outcomes of the MBSR. Although, over time, the mindfulness-based stress reduction (MBSR) program has evolved to encompass the treatment of a variety of disorders, it was initially developed to reduce and manage stress and in turn, improve mental well-being. Given that all participants have participated in an MBSR program, there was an attempt to explore the positive impact that this program may have had on each individual based on their subjective experiences.

A. Improvements in Personal and Professional Presence. It was evident from all three interviews that the MBSR program was transformative and impactful in terms of personal development as well as professional presence. As stated by one participant, "...so

first on a personal level, it helped me and then also on a professional level uh when I was able to better observe how I feel in my work as a psychologist..." (P2, page 2, lines 40-42). A similar perception regarding a two-fold impact of mindfulness was also expressed by another participant, namely, "...it was positive, I would say. [smiled] Probably only positive, on a personal level and professionally" (P1, page 2, lines 26-27). Moreover, another participant expressed this impact in the following way, "...primarily, it is personal and the secondary benefit, if you would like, is professional. Which of course I am very grateful for because it greatly strengthens my personal practice" (P3, page 10, lines 246-248).

a. Building a Toolbox: Acquiring the Necessary Skills. Moving more precisely into the personal benefits and changes post-MBSR, all participants cohesively spoke about the tools that they obtained. Participant #3 distinctively spoke about the way that he acquired the tools to be present and live in the moment after participation in the program, namely, "I had the experience of how [raised eyebrows] incredible it is to live in the here and now, but I did not have the tools. And the MBSR gave me those tools" (P3, page 2, lines 36-37). Later, the same participant added the following comment, "...my experience with mindfulness was defining uhh because it gave me the tools..." (P3, page 8, lines 192-193). Participants then proceeded to elaborate on the specific tools that they obtained such as addressing anxious symptoms, providing calmness, and reducing emotional reactivity. One participant expressed their newfound ability to stay calm, positively impacting both their personal and professional presence:

"I think that in general [looked above] overall, it helped me to have greater calmness. So in terms of being able to handle things in my personal life as well as in my professional life, greater calmness"

(P1, pages 3-4, lines 75-77).

The ability to keep a distance in the face of adversity and to avoid panicking was also expressed profoundly. For instance, Participant #2 stated, "...it really helped me [looked above] to be able to keep a distance from emotions and to not panic... I think that it helped me very much to be able to gradually get into that state automatically and to be able to- in difficult times [raised eyebrows] to keep a distance" (P2, page 2, lines 33-37). Tying into this ability to avoid agitation and distance themselves from overwhelming emotions, this participant continued with the following, "... it helped me to like- to find a core within me and to observe myself without [raised eyebrows] having to do something" (P2, page 2, lines 38-39). Thus, this participant believes that one's capacity to observe themselves and dismissing themselves from acting is another useful tool derived from the mindfulness training. In addition to the ability to stop acting, there is also the idea of not reacting, namely, "That somehow it helped me to- to [looked above and to the right] not be as anxious, to follow my own emotions a little bit more, whh to not need to respond, to react" (P2, page 5, lines 114-116). According to this participant's experience, tools obtained from the MBSR helped her cope with her anxiety and decreased her emotional reactivity, such that she gained the ability to respond in overwhelming situations and self-regulate. Similarly, another participant shared their outlook on tools attained from the MBSR, narrowing in on improving breathing, decreased anxiety, and implementing the aforementioned techniques in public settings such as public transportation:

"I think that I learned how to [light laughter] to breathe better uh when I am anxious.

Umm that I learned [looked above] uh how to do grounding by myself in a short time span. Uh something that has been useful for me [looked above and to the left]

especially, let's say in public transportation, but also in the part of- like I also mentioned before with the uh dietary issues"

(P1, page 3, lines 68-72).

As the interviews progressed, participants continued to add positive statements about mindfulness after their experience in the program. For instance, the following was expressed by Participant #3, "all of this softens the dysphoria, it gives stability, it gives optimism, it gives strength" (P3, page 7, lines 157-158). To this individual, the tools provided by the MBSR offered a long-lasting sense of stability and strength in his life all while giving a 'glass half full' way of approaching unpleasant circumstances. The same participant added, "mindfulness gives clarity" (P3, page 7, lines 169-170). Mindfulness appeared to be a multifaceted mechanism to Participant #3, offering a wide array of benefits including a personal haven of stability, strength, and hopefulness. However, keeping this in mind, he also emphasized the importance of having trust in oneself and in one's personal experience when accepting any form of training. To elaborate on this, it was expressed that although the MBSR has many tools to offer and mindfulness teachers render immense wisdom, it is critical to maintain a connection with one's inner self to filter the information that is being received. Participant #3 expressed this in the following way:

"...what I want to get at is that personal experience is everything. That is, kind of like 'Doubting Thomas', we always bave in check whether what we are hearing, what we are accepting with the best mood and with all of the wisdom of the teachers who give it to us, whether that fits with our personal experience. And- and to never lose the freedom of uhh our inner self' (P3, page 3, lines 68-72).

In the above statement, the idea of "Doubting Thomas" is mentioned, a person in the bible who is skeptical and refuses to believe in God without having direct personal experience. Similar to this biblical figure, this participant has been habitually doubtful throughout his mindfulness experience even though he has obtained many valuable tools. Thus, as explained by Participant #3, mindfulness is a deeply personal journey and he believes that it is important to assess and determine whether the training of the MBSR aligns with our personal experience rather than blindly accepting it.

b. Gaining Perspective And Being Present: Approaching Clients Differently. Building upon the self-reported personal benefits of the MBSR, participants proceeded to describe the impact on their professional presence. Some professional skills derived from the MBSR include the capacity to sit comfortably with silence during sessions without the need to fill these moments with unmerited content. It is apparent that exposure to mindfulness offered the skill of handling moments with clients which may have been deemed as awkward and uncomfortable. As one participant explicitly expressed:

"...on a professional level uh when I was able to better observe how I feel in my work as a psychologist uhh and to- to allocate a little more time to not uh [looked above] have to fill in, let's say, the silence, the void. I could handle uhh a difficult emotion or the awkwardness let's say or the anxiety"

(P2, page 2, lines 41-44)

Connected to the acquired ability to sit with silence, this participant went on to describe the expectations of her clients to always be provided with something and to be guided. This was explained in the following way, "...what kind of comes out in us that we need to give a solution, that the other person throws the ball for you to say something now

[raised eyebrows], to guide them..." (P2, page 6, 125-127). This participant reported feeling that her clients threw the ball in her court, or in other words, assigned full responsibility to her to take the next action or decision in sessions. After completion of the MBSR, Participant #2 was provided with a valuable skill of being able to sit comfortably with silence and finally acquire a distance from this pressure. She was also able to better understand when she should intervene during these silences in sessions and to recognize her own debilitating emotions.

Namely, "...I started to feel more okay with, 'woah now you are stressing me out, it is your anxiety'. So mainly recognizing my own things. Uhh it helped. Where do we intervene in that moment. That distance" (P2, page 6, 127-129). Tying into this idea of self-awareness and recognition of patterns of the self, another participant insisted on the following statement, "mindfulness is very much uhh about being present" (P3, page 12, line 296). Furthermore, he added:

"It relies on- on acceptance, so what is needed when you are- when you offer counseling to your client, it's to have acceptance toward any thing that they bring you, to have empathy, and to be yourself, to be authentic. Uhh so- essentially that, it is very close to the observer that we learn from mindfulness and I had realized what I was searching for even more so in my sessions, is to be present. That presence is very important."

(P3, page 12, lines 285-289)

To elaborate on the above statement, Participant #3 follows a person-centered approach in his professional practice and he mentioned three important principles of Carl Rogers: acceptance, empathy, and authenticity. He then added the significance of presence as a fourth principle and aligned these principles with core elements of mindfulness.

Specifically, he spoke about the role of the observer in mindfulness, something that he notably learned from the MBSR. Participation in the mindfulness training enhanced as well as enriched this counselor's theoretical knowledge. This can be observed from the following statement:

"...the past year uhh I have been working very systematically and the level of therapy that I offer has changed uhh I feel very substantial, much more concise in what I say, much more simple and that brings things out of the client too so I feel that therapy goes into more depth and I have experienced very nice moments this year."

(P3, page 13, lines 300-304)

Therefore, Participant #3 expressed an ability to be more verbally selective in sessions which in turn, elevated the quality of the therapy he provided. The alteration of his therapeutic style appeared to help clients open up more and this allowed therapy to reach a newfound depth and standard. The same participant then proceeded to discuss the complexity of his work as a counselor and that ultimately, mindfulness in combination with his existing approach helped to upgrade the level of his work. He expressed this in the following way:

"... the career of a counselor was not easy for me, it was something that I wanted to do and I struggled very much in it and I think that together with everything else, along with the principles of the theoretical approach, mindfulness helped me manage to do it in a way that I feel like I am a counselor and the job that I have dreamt to be done is being done."

(P3, page 13, lines 311-315)

B. Mindfulness as a Form of Self-Care. As the interviews progressed, participants were inquired even further about whether mindfulness plays a role in how they take care of themselves. As mental health professionals, the importance of self-care is reiterated from the trainee stage and continues to be heard throughout the duration of this mentally-taxing career. When asked whether mindfulness has contributed to the way that they take care of themselves, one participant stated, "...it has played a big role..." (P1, pages 7-8, lines 173-176). In response to the same question, Participant #2 responded with slight hesitation, "Mm. [short pause] Umm I think at home mostly... It has definitely played a part in that" (P2, page 9, lines 214-218). Moreover, another participant responded to this question with great confidence, namely, "It is the way that I take care of myself. [smiled]" (P3, page 16, lines 388-390). Thus, whether this question regarding self-care was approached with hesitation or conviction, all participants acknowledged the nurturing and caring role of mindfulness for the self, to some extent.

a. The Here and Now: Through the Eyes of a Baby. Delving deeper into the mechanism of mindfulness as self-care, being present and living in the here and now were described as central features. The idea of living in the here and now encompasses an attitude of letting go of the past and the future and simply embracing the present moment. One participant shared that living in the moment has been an effective way to relieve herself from thoughts about the future and the subsequent anxiety that accompanies these thoughts. In addition to this, being present has given this participant permission to appreciate beautiful moments without thinking about what will happen will later. Notably, she said:

"it has affected my sense of feeling with myself, with how I feel about being in the here and now, let's say, uhh it has become key for me. There thoughts about the future, because generally I was and I still am, a person who thinks a lot. I am very

much in my mind, I am very- I have a lot of anxiety in general. Uhh I think about the future [smiled] uh that has helped me, so it is like a key for me, the here and now, and the 'live in the now, live in the moment' or being able to appreciate a beautiful moment more [smiled] to focus on it, to not start to think about what I will do after, just leave the after."

(P2, page 6, lines 133-140)

In conjunction with this idea of living in the present moment, Participant #3 mentioned that, "one of the meanings of mindfulness is to uh- to view the world with beginner's eyes" (P3, page 4, lines 78-79). Essentially, this participant proceeded to describe one of Jon Kabat-Zinn's seven principles of the MBSR, a beginner's mind, in his own words. He illustrated this idea as experiencing the world truly as it is and with a sense of freshness, such that the world always appeared new to him when he is able to view it through beginner's eyes and the mindset of a baby (P3, page 4, lines 84-88). A lot of emphasis was given to this idea in Participant #3's interview, as he elaborated in depth about how living in the here and now has been an important part of how he takes care of himself. The ability to enter this mindset of innocence and non-judgmental awareness has allowed this participant to let go of his mind and embrace the perspective of a baby who is viewing the world for the first time. To better demonstrate this idea, he expressed the following:

"And what came to my mind as a thought is 'baby in the here and now'. This described the situation that I was in and that, and solely that, helped me maintain that experience. But only that had the power to keep the substance uhh of what it means to live in the here and now. To me, baby uhh means getting out of my mind... and through that state, I truly found myself in paradise. So the world outside of the mind,

it's the world that animals experience which are- which are all beautiful and peaceful."

(P3, page 5, lines 110-119)

As seen above, entering the mental state of baby or of an animal which is experiencing the world around them in a peaceful way, is a personal haven for this participant. It has allowed him to get out of his mind and wholeheartedly exist in the here and now. He added, "...every time you feel like a baby in the here and now, you truly come back to the here and now liberated from thoughts" (P3, page 6, lines 122-123). Hence, the here and now has functioned as a means of liberation from thoughts and from the mind, which appear to be debilitating at times for this participant. Taking this state of mind even further, he exclaimed that he finds happiness through the idea of the baby in the here and now (P3, page 7, line 173). In addition to finding his happiness, he also mentioned an improvement in his mood (P3, page 7, lines 153-155). Having made the decision to function in this way, Participant #3 describes the mechanism of the 'baby in the here and now':

"Baby in the here and now, or to say it in another way, mindfulness says this too but I can only mention it is like this, it is forgetting both the past and the future and only living for the present. I can only manage this when I believe uhh that I have made the decision to function like this."

(P3, page 8, lines 182-185)

During the interview, as this participant was elaborating on the 'baby in the here and now' concept, his gaze turned toward the window in front of him and he began to describe the essence of viewing the world in this way. Specifically:

"...when you open your eyes without thoughts and simply look, what you will see is flowers, trees. You will feel the breeze uhh you will see colors. Perhaps a scent. Uhh I see a mountain across from me now, it is very easy to see mountains. It is very easy to see the sky. It is very easy to see clouds."

(P3, page 6, lines 133-136)

Despite the fact that Participant #3 elaborated a lot on the beauty and simple nature of the 'baby in the here and now' mindset, he also notably commented on the lack of long-term sustainability of this attitude. Namely, "...so the meaning of the baby is very personal, very personal, very strong, very difficult to maintain down the line. It deteriorated as time went on" (P3, page 5, lines 119-120).

b. Taking Care of Myself: Mindfulness as an Anchor. As expressed by all three mental health professionals, mindfulness can be metaphorically viewed as an anchor and a way to ground oneself. Participant #1 categorically said the following, "so it is something that I applied and [looked above] and continue to apply uhh mainly as a uh a grounding, I would say" (P1, page 2, lines 47-48). Similarly, another participant described the feeling of bringing herself back to the here and now, referred to mindfulness as an anchor, by focusing on her breath and sensations in her body (P2, page 6, lines 141-142). Mindfulness appeared to be illustrated in a therapeutic way, as a stable and heavy item that has allowed both participants to feel grounded and secure. Like the anchor of a ship, despite the turbulent conditions which may consist of staggering waves and strong currents, it provides a sense of dependability and safety. Mindfulness as an anchor is a common metaphor that is often demonstrated in the mindfulness community, including the MBSR program. In this case, it appeared to align with the participants' subjective experiences and it deeply resonated with them. As elucidated by

Participant #2, mindfulness has allowed her to embrace her presence as is, without the urge to go somewhere else to find relief. Taking a breath appears to be therapeutic for her as it is a unique technique that helps her connect with herself on many levels. She expressed this in the following way:

"...what I like about mindfulness is that you do not travel, you are not elsewhere, you are here. You don't go anywhere, you stay here. And on the one hand, I saw how difficult that is to stay here, but on the other hand, how much this grounding sensation [smiled] can create in the body and in the mind that you do not have to go somewhere else, you are here now. And if it is difficult, go ahead and take a breath. [smiled] This whole thing uhh no other method or technique had given me this until that point, this connection with our body."

(P2, page 7, lines 151-156)

b. Anxiety and Depression: Getting to Know My Limits and Boundaries. Given that the participants in this study are mental health professionals, there was an emphasis on personal mental health issues such an anxiety and depression. These disorders were discussed in the context of mindfulness after completion of the MBSR and ways in which teachings from the program contributed to their self-care and management of their own symptoms. One participant stated, "I am very much in my mind... I have a lot of anxiety in general" (P2, page 6, lines 136-137). When asked about her mood before the MBSR compared to after the program, one participant shared the following, "so what I said before as well about a much better relationship with anxiety... I was able to manage the fact that previously let's say, anxiety overwhelmed me..." (P2, page 2, lines 47-50). Particularly, in reference to her anxiety, she mentioned that mindfulness has helped her to take a distance from stressful

moments that tend to be debilitating for her (P2, page 5, lines 122-123). This was described as telling herself the following, "woah now you are stressing me out, it is your anxiety" as a way of taking a step back from her anxiety and not allowing it to take over her mind in difficult moments (P2, page 6, lines 127-128).

Furthermore, Participant #3 opened up about his struggle with depressive symptoms and although not officially diagnosed, he specifically said, "I have a predisposition toward depression, very mild... it has been persistent throughout the years. I think it is the- the stage following anxiety" (P3, page 6, lines 147-150). Participant #3 also stated the following, "I realized that the way that I- I am living... is based on some thoughts, uhh and for people like me who have depression, it harms them" (P3, page 11, lines 252-254). Although he did not elaborate on the specific thoughts that he deems harmful, perhaps there are negative automatic thoughts or intrusive thoughts that worsen his depressive symptoms. This participant proceeded to explain that although mindfulness did not make him a happy and blissful person, even though it has showed him a path that leads toward that, it has significantly helped him disidentify and better comprehend that the depression he is experiencing is not him (P3, page 7, lines 164-167). It appears that mindfulness has helped this participant cope with his depression by detaching from the symptoms, understanding that they are separate from who he is as a person, and gradually moving down a path that leads to a happier self.

Another participant shared, "...it helped me significantly such that as a person, I generally have like an anxious predisposition uh and I have some difficulties with anxiety disorders" (P1, page 2, lines 30-31). This participant then recalled, "from the first session, so the first day of training, I started to feel the difference and that this was something I could do, it is something that I can learn how to control [raised eyebrows]. My anxiety, namely" (P1, page 3, lines 59-62). Furthermore, participant #1 proceeded to share the therapeutic impact of

the practical nature of the MBSR which allowed them to cope with and reduce various behavioral issues as well as anxious-related symptoms. Namely:

"So aside from the theoretical knowledge, the face that I did it practically as well uh primarily helped with the reduction of my own symptoms which mainly have to do with anxiety and phobias like agoraphobia [short pause] uh and it helped me a lot reading uh some issues related to eating disorders that I had."

(P1, page 2, lines 33-36)

Building upon this idea of mindfulness as a therapeutic mechanism, Participant #1 described the implications on their sense of self-awareness, such that they were better able to recognize their own needs and sense the right time to draw the line and set a boundary. This thoughts was presented hand-in-hand with the phenomenon of burn-out, which was discussed in depth at the beginning of this analysis. According to Participant #1, mindfulness has acted as a protective factor and a way of preventing burn-out by getting to know their personal limits and gaining the courage to set boundaries. They expressed this in the following way:

"...it has played a big role and regarding the part that I told you just now, about the burn-out and also in the sense of being able to understand and get to know my own needs and get to know [looked above and to the left] or rather, have a greater sense of when I should stop or when I should ask for there to be a break for me."

(P1, page 8, lines 176-179)

Acquiring the ability to speak up for themselves and set boundaries appeared to be a big challenge for Participant #1, who notably expressed the role that mindfulness played in

this process. Exposure to mindfulness in the MBSR allowed this participant to pick up on personal cues to develop a sense for when their boundaries were being crossed. In addition to boundary-setting, another layer to this challenge was attaining the skill of mindfully communicating these boundaries to others. They describe this experience as follow:

"... something very important is that it helped me set my boundaries and that way, to also communicate them to others without feeling bad and uh in this way, helped others understand that these boundaries exist. Somehow like when [looked above and to the right] I learned through the training to communicate my boundaries with mindfulness [raised eyebrows] uh I think that this made the biggest difference of all." (P1, page 8, lines 180-184)

Moreover, Participant #1 opened up about a personal experience regarding the need to set a boundary with another person, which was foreign territory for them at the time. Notably, this experience took place in one of the meetings of the MBSR program, in the second week. In this meeting, members of the MBSR came physically closer as they began to demonstrate some exercises on the ground with their yoga mats. At this point, the participant added, "...like I told you [light laughter] kind of in the beginning I had some issues with anxiety and agoraphobia, especially when it has to do with people that I do not know very well..." (P1, page 9, lines 202-204). There was a break before moving into the second part of the day and the participant finally gathered the courage to communicate to someone next to them that her mat was too close to theirs and that it made them uncomfortable (P2, page 9, 204-208). They specifically added:

"...it was the first time I [looked above] said something like this, I don't think that before this [light laughter] I woul- I would have the skills or I would comprehend that I uh felt uncomfortable uh due to the proximity because of how close they were noit's not that I felt uncomfortable with the individual. In a way, I felt it in my body, I recognized where it begins [short pause] and then I was able to communicate it. Uhh so I think that, I was actually surprised with myself as well that I was able to detect it and say it."

(P1, page 9, lines 208-213)

Remarkably, the experience that Participant #1 described took place in the second week of the MBSR, at a very early stage of the training. However, as indicated, the skill of acting with mindfulness and recognizing important cues in oneself had already been acquired and they were able to utilize it to set a personal boundary with a fellow MBSR student.

III. The Reality of a Continued Practice: Mindfulness Post-MBSR. During the eight weeks of the MBSR training, participants recalled their experiences of being fully immersed in the practices and the skills that they were being taught. It it important, however, to explore whether there is a long-term implementation of mindfulness, beyond the eighth week of the MBSR. When asked if mindfulness has continued to be a part of his life, one participant enthusiastically responded with, "Of course uhh- listen. I am dedicated to it. It is the most important thing [light laughter] above everything such that it's my guide to live, especially with the training, with the practice that I am doing now- But yes it is of highest- of highest importance to me" (P3, page 10, lines 240-243). Meanwhile, other participants were not as enthusiastic and perhaps, more sceptical about a continued practice.

A. Implementing a Daily Practice: It's Not as Easy as It Looks. As participants were asked to reflect on their home mindfulness practice, or the lack of, many emotions

surfaced. One participant emphasized the challenging nature of a home practice, specifically: "...so I saw that it was more difficult for me to maintain kind of a daily practice, a daily practice at home" (P1, page 4, lines 80-81). Although a home practice was reportedly difficult, this participant described the continued use of mindfulness techniques on public transportation to easy their social anxiety (P1, pages 4-5, lines 99-102).

a. Obstacles: Mindfulness As a Revolution. Participants shared their perspective on what it takes to continue practicing mindfulness long-term and some obstacles that may arise. One participant mentioned, "I felt like it would be more difficult uh during some periods when I have greater fatigue" (P1, page 4, lines 79-80). Thus, fatigue appeared to be an obstacle between this individual and their continued practice. It was also voiced that staying in the here and now is very difficult to maintain over time and thus, sustainability of a continued practice may be an obstacle (P3, page 5, lines 119-120). Furthermore, Participant #2 appeared very animated while describing her difficulties with mindfulness post-MBSR. She stated that she does not do the practice anymore like she did before but although it feels difficult, mindfulness remains a "refuge" to her (P2, page 3, lines 54-56). When asked about whether mindfulness is difficult or useless in her life in any way, she proceeded to discuss the duration of a mindfulness practice and the challenges that come with this in daily life:

"Difficult, yes. Now useless, I don't think it is. Uhh [looked to the right] it is difficult because, I don't know what happens, I think that the mind [looked down] somehow wants to escape, it doesn't want to- let's say it's difficult for me to commit and put it in my daily life. And its length [looked above] it's difficult for me that it lasts so long and kind of in the diff- in the past pace of life [movements with right hand while speaking] let's say, with so many things that I do, I feel like it is difficult for me to put all of this back in, let's say."

(P2, page 4, lines 83-88)

Furthermore, Participant #2 proceeded to explain that mindfulness, in its essence, is completely opposite with the way of life in big cities. In line with her perspective, practicing mindfulness regularly is like a revolutionary act such that choosing to slow down is like rebelling against the face-paced rhythm of modern day life. This idea suggests that the way daily life is set up to look like in big cities cannot align with a continued mindfulness practice on a regular basis. This participant firmly believes that it takes strong willpower to ignore phone calls and text messages in order to set time aside for mindfulness. According to this perspective, there is also significant guilt associated with dedicating time for oneself. She expressed this in the following way:

"....So it has to be- it is like a revolution, to say it in a funny way. [light laughter] It is like a soft of revolution, you have to go very much against the- [looked to the right and left] the demands of daily life to the- to the pace and say, hold on, I will- I will do this now, I will put this in my life and I don't care even if my phone rings, even if- even if- it doesn't matter if people are texting me or if uh- something wants my attention. I have to dedicate- [raised eyebrows] I am here for me. This whole 'I am here for me' is very incriminated with guilt."

(P2, page 4, lines 93-100)

Moreover, the same participant proceeded to express her frustration with maintaining regular contact with mindfulness in her life. However, much of this to be self-inflicted. Thus, in line with this perspective, many people make excuses and put obstacles in front of themselves in order to avoid their mindfulness practice, which may or may not be a conscious

act. Nevertheless, this participant views this as a form of self-sabotage since depriving oneself of the benefits of mindfulness is innately harmful. With a smile and a slightly defeated expression on her face, she said:

"Generally how difficult this all can be has made an impression on me or how-how many obstacles we put in front of ourselves to not practice let's say [smiled] to not uh- it's in the here and now. Anyway, we have many obstacles but also how much we sabotage ourselves from that, I mean if you say that, I will try it, I will get into this mindfulness state, umm truly it is very helpful, it is liberating."

(P2, pages 9-10, lines 222-226)

b. Finding Time and Motivation To Be Still. Despite the numerous obstacles and habitual self-sabotage, it seems to be possible to find time in one's daily life for mindfulness, even if this requires an extra effort. In terms of what a mindfulness practice looks like, as taught in the MBSR program, it can be formal or informal. A formal practice refers to a structured meditation while an informal practice can appear slightly more vague, as it refers to being mindful during daily activities such as eating or walking. When asked about what this looks like in a given day, Participant #1 shared that since completion of the MBSR in 2015, they implement mindfulness in the mornings such that they take a few minutes when they wake up to ground themselves, before getting out of bed. Additionally, they attempt to put everything in a frame of mindfulness throughout the day such as not allowing anxiety to overwhelm them. If there isn't enough time to practice, Participant #1 added that they either skip their practice or use a brief grounding technique while in public transportation. At the end of the day, before switching the lights off and lied down, they take a few minutes to let go of the thoughts that are bothering them (P1, pages 4-5, lines 94-106). Although this

participant described several ways in which they use mindfulness in their day, they continued to express their struggle finding time for a formal practice, namely:

"I try at least once per month, I have somewhat set a goal for myself to keep it a little more structured twice a month, a little more of a formal practice. So, to dedicate some more time to sit, perhaps listen to some uh guided meditation uh and for it not to simply be something that I do the time that I wake up, the time that I go to bed, to dedicate a part of my day to it. Uhh but it is something that if it is to happen, I have to try to put it in my schedule. While the rest of the parts that I told you are informal." (P1, page 5, lines 112-117)

According to Participant #1, despite the challenge of finding time in their day for mindfulness, they appeared determined to do so. They stated they dedicate specific time, around fifteen to twenty minutes, in the morning which is exclusively set aside for a mindfulness practice. They also depicted this habit as a protective factor against burn-out by expressing that ultimately, practicing mindfulness on a semi-consistent basis has helped them to be able to hold on enough to avoid burning out (P1, page 7, lines 169-172). Furthermore, another perspective on a continued practice was offered by Participant #2. Despite the obstacles that she had mentioned previously, she admitted to occasionally allocating some time in her day to be mindful. She said, "okay maybe there are some times when I might say 'take a breath' but it might be just for one second" (P2, page 5, lines 108-109). What this participant described resembles a technique taught in the MBSR, called 'the pause' which is a very brief moment of controlled breathing and calmness which can be implemented at any time of day. Then, Participant #2 added that practicing at home provided her with personal space and time to sit with herself or watch a movie, however self-care presented itself that

particular day. She expressed that mindfulness has helped her have a closer contact with what she wants and what she needs. (P2, page 9, lines 215-218). Finding time appeared to be the most significant challenge for this participant, who on the one hand, expressed her desire to be mindful yet on the other hand, struggled with allocating time to her practice.

To build upon the previously described experiences of a continued practice,

Participant #3 exhibited significant passion, time, and dedication to being mindful. He began
to describe the Buddhist men who followed the teachings of Thich Nhat Hanh, a Vietnamese
monk, peace activist and teacher. He described how these men incorporated mindfulness in
their day, by practicing from morning until night. After this statement, the participant raised
his eyebrows and paused for a moment. He then added, "This isn't that difficult. Uhh in a
way it opened me up to practicing throughout the day. I needed it, I needed it" (P3, pages 1011, lines 247-251). Mindfulness was suddenly being presented in an easy and feasible way, as
a style of living. This participant, greatly inspired by the dedicated practice of the monks,
shared the following, "I started doing sitting meditation, from the morning" (P3, page 11,
lines 261-262). Below is a more detailed, direct representation of what a day with
mindfulness looks like for this participant:

"So I started my day- uhh I focused on my breath first of all, then on sensations in my body uhh and then having my eyes open of course, I focused on my sensations one by one. And when I finished this practice, I did another practice like this again.

Throughout the years, this way changed, the practice that I do every day changed but I believe that going through my day as a practice will never change."

(P3, page 11, lines 264-269)

Remarkably, toward the end of the interview with the third participant, a cellphone notification interrupted him mid-sentence and distracted him for a moment. He said, "there that's a notification to practice. To remember to- to do one minute of silence and a reinstatement of the class that I have to do today" (P3, page 15, lines 370-373). This notification was yet another sign of Participant #3's dedication to his daily mindfulness practice, which appears to be very significant to him.

B. Integration in the Mindfulness Community.

a. Staying in Touch: Extending the Benefits of Mindfulness. For all participants in this study, it had been six or seven years since completion of the MBSR program. Notably, while reflecting on their life after the MBSR, Participant #1 expressed their preference for mindfulness in an individual setting. Namely, "...many times it was difficult for me to continue my practice in a uh group setting... it helped me more as a professional and as a person uh to practice mindfulness individually, in individual meetings" (P1, page 9, lines 216-219). Despite their preference to practice individually rather than attending group meetings post-MBSR, this participant still maintained contact with some former students. Additionally, they added, "there continued "...there were some monthly meetings... the way that I was able to construct it later for myself uh I at least feel like it was most efficient" (P1, page 9, lines 220-221). Thus, this participant had attended some monthly follow-up meetings at first, but long-term, they realized that practicing alone was most efficient and resonated with them the most. Regarding the other two participants, there appeared to be a strong desire to stay in touch with everyone involved in the training. With a big smile on her face, one participant shared that the integration into the mindfulness community had been very positive for her and it continues to be positive because she still maintains contact with fellow members (P2, page 3, lines 60-62). It appears that Participant #2 views the MBSR as a higher-level training as compared to an educational seminar, for instance, due to the depth of

the teachings and the interpersonal connections that are made. She expressed this in the following way:

"...until recently we did monthly meetings so we kept some contact and- I don't know, I think that there is another type of quality and another bonding with this group because it is not [looked to the left] a seminar that's kind of more surface-level or knowledge-based, it is very deep [raised eyebrows] this whole thing that you share with others."

(P2, page 3, lines 62-66)

After expressing her positive outlook of the mindfulness community and the connections that she had made, Participant #2 went on to describe a specific type of post-MBSR meeting that impacted her the most and that she continues to attend, the silent retreat. Often, MBSR programs offer optional participation in silent retreats to current former students. This presents an opportunity to students to immerse themselves in a period of silence, to observe themselves, and to get back in touch with their mindfulness practice. Related to this, Participant #2 specifically said, "the moment of the silent retreat is magical to me" (P2, page 3, lines 68-69). The word "magical" was used to describe this opportunity to be silent, in the midst of her fast-paced life as a psychologist. She also proceeded to add the following:

"So since I followed the training, I have gone to almost all silent retreats which have happened after, because they are open to grad- [looked above] to previous members. Uhh and for me it is [looked above] magical, what happens there. With the silence."

(P2, page 3, lines 71-74)

Another participant mentioned attending mindfulness teachings outside of the MBSR. Participant #3 shared that he had traveled abroad to attend two retreats, one at Gaia House in England and one at Plum Village which was founded by monk Thich Nhat Hahn (P3, pages 2-3, lines 50-52). He stated that he learned an important teaching from one of the retreats which has impacted him, specifically, "...when I went to the retreat, uhh I heard about the meaning of 'more than me', that there is something that is more than me" (P3, page 16, lines 381-382). In addition to this, Participant #3 is currently a certified teacher of the mindfulness-based cognitive therapy (MBCT) program, which overlaps with the MBSR program in many ways (P3, page 3, line 62). It appears that exposure to mindfulness was indeed life-changing for this participant, which led him to follow these teachings on a professional level parallel to his profession as a counselor.

Chapter 4: Discussion

Interpretation of the Findings

The purpose of the current study was to investigate the subjective experiences of mental health professionals with mindfulness after completion of an MBSR program. The aim was to provide a safe and confidential space for participants to openly share their personal accounts and to guide the interview in an unbiased manner. Thus, it was critical for the researcher to be attentive during the interviews and to allow participants to be transparent without an agenda. Delving into each participant's experience, the role of mindfulness in their current lives, if any at all, was explored. As analyzed in the previous chapter, a total of three superordinate themes emerged from the interpretative phenomenological analysis: (I) burn-out: more than an occupational phenomenon, (II) an antidote: positive outcomes of the MBSR, and (III) the reality of a continued practice: mindfulness post-MBSR. Under each superordinate theme, several relating subordinate and sub-sub themes emerged. The superordinate themes and other underling themes reflect the participants' narrative about personal experiences of burn-out, personal impact of the MBSR, and any continued contact with mindfulness after the program. Although the experience of each participant is distinctive and unique, there are some shared views on the functionality of mindfulness, especially in the face of adversity.

Superordinate Theme One: Burn-Out: More Than An Occupational Phenomenon

The first superordinate theme, burn-out: more than an occupational phenomenon, is supported by two subordinate themes, (A) hitting rock bottom: a wake-up call, and (B) surviving burn-out. To explore the first subordinate theme, one of the interview questions provided a definition of burn-out with a short list of symptoms to explore whether participants had experienced something along those lines at some point in their lives. Burn-out was defined as a cumulative sense of fatigue with symptoms such as chronic feelings of

exhaustion, mental distance from one's job, loss of motivation, and reduced professional efficacy. Ultimately, the presented definition of burn-out resonated with all three participants and their experiences ranged from mild to severe symptoms. Often described as a life-altering event, burn-out appeared to be a turning point which required immediate change in participants' lives. Additionally, participants often referred to challenges directly related to their professional role. In congruence with this observation, prior research has demonstrated that working in the mental health field often involves suffering from fatigue, professional impairment, stress, and even burn-out (Posluns & Gall, 2019; Skovholt & Trotter-Mathison, 2016). Under this first subordinate theme is the following sub-sub theme: (a) exhaustion and hopelessness: an inability to perform and a loss of purpose. One participant reported an overall sense of exhaustion and a lack of motivation to accomplish daily tasks at work during one point in their career. Prior research has demonstrated that burn-out often develops as a result of emotional exhaustion, and feelings of incompetence and lack of accomplishment (Maslach, 2003; Maslach et al., 2001; Thompson et al., 2014). These findings appear consistent with this participant's description of their experience. A loss of purpose as an individual and questioning life's purpose was also a defining and more personal element in this data, which was interestingly not prevalent in the existing literature on burn-out.

Furthermore, it is important to consider the years of clinical experience of each participant in relation to burn-out. In this study, two participants reported having five or six years of experience as mental health professionals while one participant reported a total of fifteen years. Existing findings are mixed regarding age, years of experience, and burn-out, with some studies pointing to experience as a protective factor and others deeming experience as a risk factor. Notably, in this study, the two participants with the least experience reported some symptoms of burn-out including exhaustion, hopelessness, and loss of motivation while the third participant recalled "hitting rock bottom" and entirely burning

out as a professional. The latter finding is in line with research suggesting that the phenomenon of burn-out is prevalent in professionals with many years of experience (Aguglia et al., 2020; Alexandrova-Karamanova et al., 2016). In contrast, however, this clashes with other research which has demonstrated an inverse relationship between years of experience and burn-out suggesting that individual differences may be a defining factor in each case (Thompson et al., 2014; Craig and Sprang, 2010). Furthermore, another participant described difficult work conditions as a school psychologist in the public sector working with children with special needs. Although this participant only reported six years of work experience, she described many severe symptoms of burn-out. In line with this, existing research has demonstrated that exposure to clients' extensive trauma can result in higher cases of counselor burn-out regardless of experience and this may have been the case for this participant (Lambert & Lawson, 2013; Davies et al., 2020; Lee et al., 2015).

Delving into the second subordinate theme, surviving burn-out, a glimpse of hope and attempts to cope with burn-out were described. Under this subordinate theme is the following sub-sub theme: (a) finding a way out. For one participant, a strategy has been to accept things the way that they are in the workplace, not to take things personally, and to know her limitations as a professional. Related to this, past research has demonstrated a negative association between self-efficacy or self-awareness and burn-out, such that this participant's self-perception and emotional resilience may have protected her from more severe burn-out symptoms (Bozgeyikli, 2012; Killian, 2008). Personal therapy was also reported as an effective coping strategy which aligns with existing literature (Rupert et al., 2015). Other described strategies included setting boundaries, having realistic expectations, and fostering self-awareness, all of which have been consistently demonstrated in prior findings (Theriault et al., 2015).

Superordinate Theme Two: An Antidote: Positive Outcomes of the MBSR

The second superordinate theme, an antidote: positive outcomes of the MBSR, is supported by two subordinate themes: (A) improvements in personal and professional presence, and (B) mindfulness as a form of self-care. Inquiring into the first subordinate theme, the MBSR program appeared to be impactful for all participants, both on a personal and professional level. This is supported by two sub-sub themes: (a) building a toolbox: acquiring the necessary skills and (b) gaining perspective and being present: approaching clients differently. An outcome of the MBSR was consistently described by participants as obtaining new tools including being present, feeling calmer, reacting less, keeping a distance when necessary, coping with anxiety, fostering strength and stability, cultivating self-awareness, and self-regulating. These findings align with existing literature (Birnie et al., 2010; Goldin & Gross, 2010; Grossman et al., 2010; de Vibe et al., 2013; Janssen et al., 2020; Nehra et al., 2013; Raab et al., 2015; Rudaz et al., 2017; Hjeltnes et al., 2015). Additionally, although deeply impacted by the MBSR, one participant advocated for relying on personal experience to determine whether the teachings aligned with them instead of blindly trusting the program. This was a novel perspective regarding views on the MBSR.

The second sub-sub theme emerged from participants' professional transformation after the MBSR, as described in the interviews. In the context of work, participants described feeling more purposeful with their clients and more concise with their interventions in sessions. Additionally, one participant reported feeling less pressured to give a solution to their clients or to be accountable for clients' decisions. Another participant expressed a newfound acceptance of sitting comfortably with silence. These findings align with existing qualitative literature which has shown improved awareness, self-reflection, increased response flexibility, acceptance, and the capacity to relate to others as a result of the MBSR (Verweij et al., 2018; David & Hayes, 2011; Koliris, 2012; Newsome et al., 2006). Overall, participants indicated that their experiences in the MBSR allowed them to cultivate

professional competencies which in turn, elevated the quality of their sessions. To enrich the existing findings on professional improvement, one participant connected his person-centered therapeutic approach to tools that he had obtained from the MBSR. Notably, he added the principle of being present to three main Rogerian principles of acceptance, empathy, and authenticity that he already been implementing as a psychologist. Ultimately, mindfulness became intertwined with this participant's existing approach and fundamentally changed his professional practice.

Considering that this study recruited practicing counselors in Greece and all participants were of Greek ethnicity, there was an attempt to compare outcomes post-mindfulness training with existing findings of various ethnic groups. Research conducted in China demonstrated an association between increased mindfulness and less burn-out, deeming mindfulness as a protective factor (Yin et al., 2016). Similarly, a study in the Netherlands exhibited a significant increase in mindfulness and positive affect and a reduction in negative affect, excessive worrying, and emotional exhaustion (Janssen et al., 2020). A qualitative study conducted in the UK and Greece found an increased capacity to encourage personal and professional growth and relate to oneself, among other positive outcomes of mindfulness after the MBSR (Koliris, 2012). Ultimately, the findings of the current study align with existing, ethnically diverse literature regarding positive outcomes of the MBSR. Nevertheless, this study offered insight on a Greek population.

Moreover, the second subordinate theme, mindfulness as a form of self-care, is supported by three sub-sub themes: (a) the here and now: through the eyes of a baby, (b) taking care of myself: mindfulness as an anchor, and (c) anxiety and depression: getting to know my limits and boundaries. Being mental health professionals, participants appeared to be well-informed about the significance self-care and the fatigue that can accumulate in their profession over time. Mindfulness was presented by all participants as a component of taking

care of themselves, as they all had experienced the therapeutic gain from the MBSR. This corresponds with existing research which has demonstrated mindfulness as a significant mediator between self-care and well-being (Richards et al., 2010). Moving into the first subsub theme, one participant shared that after the MBSR, she has been able to live in the moment and relieve herself from anxiety and thoughts of the future. Other research has similarly shown decreased anxiety, improved mental health, and the acquired capacity to be present post-MBSR (Shapiro & Brown, 2007; Kerrigan et al., 2011; Madonna, 2018). Another participant strongly emphasized the importance of the here and now as well as perceiving through the "eyes of a baby". This idea closely resembles one of Kabat-Zinn's seven principles of the MBSR, a beginner's mind, which allows one to be receptive and open-minded as if they are experiencing something for the first time (Santorelli, 2014; Kabat-Zinn, 2011). This participant described this mindset as ground-breaking as it had significantly improved his mood and changed his perspective of life. However, this participant delineated the beginner's mindset as unsustainable long-term which is a novel finding. Perhaps there are challenges related to remaining open-minded, curious, and facing clients without judgment or prejudice as drawing assumptions naturally occurs.

The second sub-sub theme emerged from many descriptions of mindfulness as an anchor and a way to stabilize oneself. According to Kabat-Zinn, a core element of the MBSR is groundedness and finding stability within the practice (Kabat-Zinn, 2011). This is validated by participant's descriptions of mindfulness which include stability, security as well as feeling safe and grounded. One participant expressed a sense of comfort evoked from staying in one place, connecting with their body, and not having to go anywhere. Using the breath to connect with the mind and body was often described by participants which aligns with other representations of mindfulness in existing literature. Specifically, this resembles a qualitative theme from a past study by Mitha (2018) labeled "doing versus being" which described

mindfulness as a way of existing and the importance of simply being still and grounded in the moment. Furthermore, participants also related mindfulness to the amelioration of their own anxiety and depressive symptoms. Accounts of anxiety, eating disorders, agoraphobia, and depression were all shared by participants who all similarly expressed their capacity to detach from their symptoms and perceive them are separate from their identity as individuals. This enhanced sense of self-awareness post-MBSR appears to align with existing findings (Kerrigan et al., 2011; Madonna, 2018; Thieault et al., 2015). Related to self-awareness, participants were also able to set boundaries, recognize their personal limitations, and communicate their boundaries to others. These important skills have been consistently exhibited in the literature (Theriault et al., 2015; Baruch, 2004; Posluns & Gall, 2019; Baker & Gabriel, 2021).

Superordinate Theme Three: The Reality of a Continued Practice: Mindfulness Post-MBSR

The third superordinate theme, the reality of a continued practice: mindfulness post-MBSR, goes beyond the scope of the MBSR and into the participants' ongoing connection with mindfulness after the program. This superordinate theme is supported by two subordinate themes: (A) implementing a daily practice: it's not as easy as it looks and (B) integration in the mindfulness community. According to the literature, adherence to a daily practice is a vital part of cultivating mindfulness and building resilience long-term in one's life (Grossman, 2011). There is extensive research on high adherence to a mindfulness practice during the eight weeks of the MBSR as well as shortly after, specifically, not more than a two-month period post-MBSR (Ribiero et al., 2017; Rozenweig et al., 2010). Notably, all participants in this study had completed the MBSR six- or seven-years prior which set the stage for novel findings to surface. Naturally, this study yielded mixed findings which can likely be attributed to individual differences. In line with past research which investigated

traits like depression, conscientiousness, and personality to determine adherence, a significant association was demonstrated (Canby et al., 2021).

Under the first subordinate theme are two sub-sub themes: (a) obstacles: mindfulness as a revolution and (b) finding time and motivation to be still. One participant reported finding it especially challenging to maintain a daily practice with one main obstacle being fatigue. Avoiding distractions, staying in the here and now, and finding time were also described as obstacles. Despite these obstacles, this participant expressed a desire to practice semi-regularly and described several ways that they implement mindfulness throughout the week. Contrarily, low to minimal adherence was also observed. Another participant admitted to rarely practicing anymore and they stated that mindfulness is a revolution against modern, fast-paced life. Difficulty committing, the long duration of a practice, and the amount of willpower required to take time for herself were also described as obstacles. The common theme of guilt, hesitation to dedicate time to oneself, and self-sabotage were presented, however, there appeared to be a strong sense of self-awareness and an understanding that some struggles were self-inflicted. Interestingly, this participant's description of obstacles resembles existing literature which deems mindlessness and automaticity as a result of modern-day life (Nucci, 2014; Kang et al., 2012). Past research has shown that mindfulness can allow for *de-automatization* to happen, such that maladaptive, repetitive operations can stop, and mental well-being can be enhanced (Kang et al., 2012). Thus, this participant's selfdescribed obstacle of mindfulness as a revolution can be interpreted as a contradiction, as mindfulness could actually help her escape this automaticity and anxiety. Despite reported obstacles, this participant expressed a preference for an informal practice which could be more seamlessly implemented. This is consistent with findings from existing research which also highlighted a common inclination toward an informal practice (Morgan et al., 2014; Shapiro et al., 2003).

On the other hand, another participant expressed great dedication to his continued mindfulness practice which he is still deeply invested in. Parallel to his profession, this participant became a mindfulness teacher which further exhibits his level of dedication. His plan to adhere to a consistent practice as a way of life was evident from a cellphone notification toward the end of the interview that reminded him to take a moment of silence. This participant described both a formal and an informal practice in his daily life, as mindfulness had unconsciously and consciously become a part of his every day. Past research has demonstrated that a formal practice results in more mindfulness and less stress overall (Carmody & Baer, 2007). Despite the challenges and obstacles that participants described, there were many examples of how mindfulness still plays an important role in their lives currently. Although the findings are mixed, whether there was a desire or an attempt to continuing practice, there was a collective understanding of the benefits that mindfulness offers and a desire to find a way to fit any form of practice in their lives.

The second subordinate theme, integration in the mindfulness community, is supported by one sub-sub theme: (a) staying in touch: extending the benefits of mindfulness. There was a very positive representation of the mindfulness community and a strong desire to stay in touch with former students over the years. One participant expressed their preference for an individual practice, instead of practicing in a group, which deterred them from attending follow-up meetings long-term. However, this individual still maintained contact with former contacts whom they reportedly connected with on a deep level. Additionally, someone described the MBSR as having more depth than an educational seminar and she continued to attend follow-up silent retreats which were especially impactful for her. Another participant shared their unsatiated thirst for more mindfulness teachings which led them to seek teachings abroad, beyond the MBSR, to further their mindfulness education. Although there is a lack of longitudinal studies and some of these findings are novel, research has

demonstrated the long-term benefits of practicing mindfulness which is believed to increase over time (Ito et al., 2022). Overall, the positive impact of the MBSR has been widely studied, displaying improvements post-MBSR in comparison to pre- (Charoensukmongkol, 2014; Donald et al., 2016; Heeren & Philippot, 2010; Merkes, 2010). Nonetheless, this study attempted to address a limitation in existing literature and explore the long-term impact of the MBSR and whether it still plays a role in former students' lives throughout the years. That being said, there appear to be mixed findings and adherence may depend on personal preference, time management, as well as an overall perception of mindfulness and how it may continue to contribute to their well-being.

Limitations of the Findings

There were several limitations in the current study. Firstly, although various recruitment methods were carried out, all three participants happened to be graduates of the MBSR program offered by the Athens Mindfulness Center. Considering the lack of diversity in institutions, there wasn't an opportunity to compare experiences and implications from a variety of MBSR programs. However, the fact that only graduates from the Athens Mindfulness Center exhibited interest to participate in this study may also be indicative of the quality of that center. Additionally, all three participants completed the MBSR program in either 2015 or 2016; this also may have affected diversity of results such that different times frames since completion may have yielded different findings. Furthermore, participants who were most likely to volunteer to be interviewed were also more likely to have been impacted by mindfulness and the MBSR and thus, more inclined to share their experiences. Namely, these three participants can not be representative of all MBSR graduates since those who volunteer may differ from those who chose not to, in terms of motivation and demographics. A limitation is that this self-selection bias may have resulted in overtly positive results which

may have neglected the presentation of neutral or negative experiences. This type of bias is often embedded in qualitative research; however, it is important to highlight.

Another limitation is the objectivity of the research; despite an effort to construct unbiased interview questions, there were some spontaneous follow-up questions posed in the interviews due to the semi-structured nature. Considering the researcher's personal views and positive experiences with mindfulness, participants may have unwillingly been influenced in their responses at times. Specifically, the researcher's interviewer bias may have unintentionally affected participants through facial expressions and other subtle cues such as nodding in response to positive remarks or raising eyebrows in response to challenges or negative statements. Furthermore, a definition for burn-out was provided in the interviews and all participants shared their relevant experiences, however, one participant described mild symptoms while another recalled a severe burn-out experience. In addition to the large range of symptoms, there isn't an official diagnosis for burn-out in the DSM-5. Thus, another limitation in this study could be the wide variety of subjective accounts as well as the inability to quantify nor confirm the presence of burn-out in their lives. Additionally, participants did not share anything about burn-out until they were presented with a list of symptoms which may have unintentionally led them to validate them.

Chapter 5: Personal Reflections of the Research

Personal Reflection

I am a twenty-six-year-old master's student in an M.Sc. program in Counseling Psychology and Psychotherapy. Following my expected graduation in June of 2023, I plan on incorporating mindfulness in my professional practice as a psychologist in some form. As a young child, I visited India on multiple occasions with my father in the context of his spiritual journey. By living in an ashram, a spiritual hermitage, and listening to seminars held by an Indian guru, I was exposed to meditation and spirituality at a young age. Later, during my undergraduate studies at UCLA, I attended an immersive mindfulness course held by the UCLA Mindfulness Awareness Research Center (MARC). In addition to theoretical content, this course included all-day retreats, mindful walking, seated meditations, and other practices. A couple years later, I completed a 200HR Yoga Teacher Training Certification which consisted of yoga philosophy, sequences, physical modifications as well as meditation and breathing techniques. Due to my personal experience with mindfulness, the current research has been of high importance to me. Many personal interests inspired the implementation of the current study including but not limited to: anticipated implications after the MBSR, the function of mindfulness as self-care, burn-out prevention, self-care for mental health professionals, and long-term, continued practice.

Furthermore, I completed an eight-week MBSR program in the Summer of 2022. Despite my prior involvement in mindfulness courses, personal practice, and teaching yoga, participation in the MBSR was enriching in an entirely different way. By interviewing other professionals in the mental health field with experience of the MBSR, my eyes have been opened to the transformative nature of mindfulness as well as obstacles and challenges. While listening to participants in this study, I deeply resonated with their experiences, including the challenges and obstacles that they have faced. As can be read below, mindfulness has also

mindfulness informally, as a way to live. While conducting this study, I had to remind myself to be non-partial and unbiased during the interviews, especially when spontaneous follow-up questions were posed. Although the questions were asked in an objective manner, I noticed that my facial expressions may have been overtly positive while listening to positive experiences and vice versa. Nevertheless, I tried to remain self-aware during these moments. Conducting the interviews, transcribing the content, and immersing myself in the data enhanced my own understanding of life post-MBSR and of mindfulness in general. I feel fortunate to have been exposed to three unique perspectives of mental health professionals. There is an excerpt below from my reflective diary that was written during the time that I was participating in the MBSR program. Below this, there are two excerpts from the mindfulness course at UCLA, recalling my early-childhood experiences with mindfulness and reflecting on them as an adult to demonstrate my current understanding of those practices.

Reflective Diary Excerpts

"This week, I did meditation every day at 10:00 in the morning. Since my work hasn't started yet, I had the morning hours free and wanted to start my day with calmness and focus. When my schedule changes in a few days, my meditation time will slightly change, but I wanted to experience the benefits of morning meditation. I meditated in an chair in my backyard and I loved it. Lately, the temperature has been rising and the sun has been shining all day. The feeling of the sun on my skin, the breeze, and the background sounds have helped to calm me down. They also gave me things to notice like the feeling of the breeze in my hair and the warmth of the sun. So, that was my daily standard practice. The truth is that I found it hard to concentrate and had to constantly bring my attention back to my breath and the present moment. Sometimes, I would lose patience with myself and I didn't understand why it was so difficult for me since I have meditated before. When I finally found some moments of

calmness, I felt a sense of warmth and numbness in my body and it was very pleasant.

Sometimes, I would feel itchy or the need to change positions but I resisted both. After the meditation, I felt refreshed and rejuvenated. There is still some guilt and negative feelings though. Although calm, after the meditation I feel very self-critical about my abilities. I think I need to change the way I view meditation. In general, I am a perfectionist in everything I do and I don't like to make mistakes. If I can't stay focused, I automatically see it as a mistake. My goal is to show more kindness to myself and learn to enjoy the moment without giving so much importance and weight to the outcome or destination. In addition to formal practice, I have tried to devote time to informal practices, combining daily activities with mindfulness. For example, I started drinking my morning coffee slowly and curiously, as if I were drinking it for the first time. I noticed that I was enjoying it much more as a result."

"Returning to the ashram later that day, we are invited to attend a meditation session with absolutely no expectations of what it will entail. My little sister and I slowly walk into the dark room latching on to each side of our mother only to observe over fifty people sitting cross-legged in a circle with a single burning flame in the middle of the room as their focal point. There is a strong scent of incense burning. We are all instructed to take deep breaths and allow our eyes to rest on the burning candle, bringing all of our awareness to the flame. I take a moment to look around the room and observe the collective attempt to be mindful; my younger sister beside me with her blonde, tangled curls messily resting on her shoulders, her small body sitting silently and staring at the flame in unison with everyone else, trying not to giggle. Sitting, breathing, and paying attention to the flame is confusing to me but for some reason, I can't look away so I continue. After my sense of time vanishes, I am left with a feeling of calmness and stillness but I don't quite understand why."

"The awareness meditation in the dark room with a single flame as the main focal point is now crystal clear to me in its intention. I have learned that focusing on a particular thought, emotion, body part or object and honouring it as a home base sets the stage for a mindful awareness practice. At the time, my sister and I didn't comprehend why we were staring at a flame for so long and why we felt so tranquil and grounded after the exercise but now, it has become explicit. Instead of choosing an internal home base, everyone in that room referred to the erratic flame as their anchor as they observed its subtle movement for what seemed to be hours. Eating alone in silence and at a slow pace seemed like a disconsolate action according to our naive, inexperienced minds at the time. With recent knowledge of the way mindfulness can be applied to everyday activities such as eating, I am able to reinterpret these memories and better understand the actions that I witnessed. The serene figures sitting in solitude and consuming their meals uninterrupted provide the perfect representation of mindful eating which is something that I learned from the day-long retreats that I attended throughout this course. To my surprise, I have learned that eating without external stimuli is a very spiritual experience through which mindfulness is practiced is a completely novel and unexpected way. Along those lines, observing walking meditation for the first time illustrated by what seemed to be aimlessly walking with no destination or purpose, now seems crystal clear too. It's safe to say that I have always believed meditation can only be practiced while seated which is how it is often portrayed. By learning how to practice standing and walking meditation in this course, I have been exposed to multiple variations of mindfulness meditation that do not solely involve sitting. My recent subjection to these techniques has brought back these vivid childhood memories which have transformed feelings from confusion to appreciation."

Chapter 6: Implications and Future Directions

The implications of the current study are significant in terms of future implementation of mindfulness training. After approximately seven years post-program, all participants expressed a major personal and professional impact of the MBSR, which may raise the consideration of regularly implementing mindfulness in mental health training. Therefore, an MBSR program could become embedded in early professional training to provide additional tools, skills, and a transformative mindset to trainees as a protective factor against burn-out. Additionally, continued training, follow-up meetings and retreats could be offered to mental health professionals throughout their careers to sustain their practice. This study has also offered insight regarding long-term adherence, a finding that existing literature lacks. The various obstacles, challenges, and agreeance with a continued mindfulness practice provide a better comprehension on what prevents and enables adherence. This can encourage modifications in suggested home practices post-MBSR, which may emphasize an informal practice that is more applicable to one's daily life or more follow-up meetings to maintain contact with the mindfulness community. Ultimately, the participants' subjective experiences have provided an improved understanding of what works and what doesn't work, which can result in a continued and effective future implementation of the MBSR. Future research can continue to conduct both quantitative and qualitative studies to collect a variety of data regarding the impact of the MBSR program, as well as other mindfulness-based trainings. The explored impact on Greek counselors has provided insight regarding an ethnic group that has been minimally studied. Thus, it is important that individuals from all ethnic, cultural, and racial backgrounds continue to be recruited to offer diverse perspectives. In addition to recruitment and inclusivity, future research may also pose interview questions specific to the ethnic group regarding potential clashes of mindfulness with their religion and cultural beliefs. To address another limitation, future researchers can inquire into the impact of

MBSR programs offered by various institutions, with varied completion dates to compare a wide range of experiences.

References

- Aguglia, A., Belvederi Murri, M., Conigliaro, C., Cipriani, N., Vaggi, M., Di Salvo, G., Maina, G., Cavone, V., Aguglia, E., Serafini, G., & Amore, M. (2020). Workplace violence and burn-out among mental health workers. *Psychiatric Services*, 71(3), 284–288. https://doi.org/10.1176/appi.ps.201900161
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9
- Alexandrova-Karamanova, A., Todorova, I., Montgomery, A., Panagopoulou, E., Costa, P., Baban, A., Davas, A., Milosevic, M., & Mijakoski, D. (2016). Burn-out and health behaviors in health professionals from seven European countries. *International Archives of Occupational and Environmental Health*, 89(7), 1059–1075. https://doi.org/10.1007/s00420-016-1143-5
- Baer, R., Crane, C., Miller, E., & Kuyken, W. (2019). Doing no harm in mindfulness-based programs: Conceptual issues and empirical findings. *Clinical Psychology Review*, 71, 101–114. https://doi.org/10.1016/j.cpr.2019.01.001
- Baker, C., & Gabriel, L. (2021). Exploring how therapists engage in self-care in times of personal distress. *British Journal of Guidance & Counselling*, 49(3), 435–444. https://doi.org/10.1080/03069885.2021.1885010
- Baldini, L. L., Parker, S. C., Nelson, B. W., & Siegel, D. J. (2014). The clinician as neuroarchitect: The importance of mindfulness and presence in clinical practice.

Clinical Social Work Journal, 42(3), 218–227. https://doi.org/10.1007/s10615-014-0476-3

- Baruch, V. (2004). Self care for therapists: prevention of compassion fatigue and burn-out.
 - Psychotherapy in Australia, 10(4), 64–8.
 - https://search.informit.org/doi/10.3316/informit.546921640174841
- Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress and Health*, 26(5), 359–371. https://doi.org/10.1002/smi.1305
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., et al. (2004).

 Mindfulness: A proposed operational definition. Clinical Psychology: Science and

 Practice, 11(3), 230-241.
- Block-Lerner, J., Adair, C., Plumb, J. C., Rhatigan, D. L., & Orsillo, S. M. (2007). The case for mindfulness-based approaches in the cultivation of empathy: Does nonjudgmental, present-moment awareness increase capacity for perspective-taking and empathic concern? *Journal of Marital and Family Therapy*, *33*(4), 501–516. https://doi.org/10.1111/j.1752-0606.2007.00034.x
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. *Training and Education in Professional Psychology*, 7(4), 267–277. https://doi.org/10.1037/a0033092

- Bozgeyikli, H. (2012). Self efficacy as a predictor of compassion satisfaction, Burnout, compassion fatigue: A study on psychological counselors. *African Journal of Business Management*, 6(2). https://doi.org/10.5897/ajbm11.2167
- Brown, J. D., & Siegel, J. M. (1988). Attributions for negative life events and depression: The role of perceived control. *Journal of Personality and Social Psychology*, *54*(2), 316–322. https://doi.org/10.1037/0022-3514.54.2.316
- Brown, K. W., Berry, D., Eichel, K., Beloborodova, P., Rahrig, H., & Britton, W. B. (2022). Comparing impacts of meditation training in focused attention, open monitoring, and mindfulness-based cognitive therapy on emotion reactivity and regulation: Neural and subjective evidence from a dismantling study. *Psychophysiology*, *59*(7). https://doi.org/10.1111/psyp.14024
- Carmody, J., Baer, R. A., L. B. Lykins, E., & Olendzki, N. (2009). An empirical study of the mechanisms of mindfulness in a mindfulness-based Stress Reduction Program. *Journal of Clinical Psychology*, 65(6), 613–626. https://doi.org/10.1002/jclp.20579
- Carpenter, J. K., Conroy, K., Gomez, A. F., Curren, L. C., & Hofmann, S. G. (2019). The relationship between trait mindfulness and affective symptoms: A meta-analysis of the five facet mindfulness questionnaire (FFMQ). *Clinical Psychology Review*, 74, 101785. https://doi.org/10.1016/j.cpr.2019.101785

- Chambers, R., Gullone, E., & Allen, N. B. (2009). Mindful emotion regulation: An integrative review. *Clinical Psychology Review*, 29(6), 560572. doi: 10.1016/j.cpr.2009.06.005.
- Charoensukmongkol, P. (2014). Benefits of mindfulness meditation on emotional intelligence, general self-efficacy, and perceived stress: Evidence from Thailand. Journal of Spirituality in Mental Health, 16(3), 171-192. doi:10.1080/19349637.2014.925364
- Cieslak, D. (2016). Recognizing the Propensity for Burn-out During Formative Counsellor Development. *Canadian Journal of Counselling and Psychotherapy*, 50(3s).

 Retrieved from https://cjc-rcc.ucalgary.ca/article/view/61103
- Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, Compassion Fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress & Coping*, 23(3), 319–339. https://doi.org/10.1080/10615800903085818
- Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, 48(2), 198–208. https://doi.org/10.1037/a0022062
- Davies, S. M., Sriskandarajah, S., Staneva, A. S., Boulton, H. C. M., Roberts, C., Shaw, S. H., & Silverio, S. A. (2022). Factors influencing 'burn-out' in newly qualified counsellors and psychotherapists: A cross-cultural, critical review of the literature. *Couns Psychother Res.*, 22, 64–73. https://doi.org/10.1002/capr.12485
- de Bruin, E. I., Topper, M., Muskens, J. G. A. M., Bögels, S. M., & Kamphuis, J. H. (2012).

 Psychometric Properties of the Five Facets Mindfulness Questionnaire (FFMQ) in a

 Meditating and a Non-meditating Sample. *Assessment*, 19(2), 187–

 197. https://doi.org/10.1177/1073191112446654

- de Vibe, M., Bjørndal, A., Tipton, E., Hammerstrøm, K., & Kowalski, K. (2012).

 Mindfulness based stress reduction (MBSR) for improving health, quality of life, and social functioning in adults. *Campbell Systematic Reviews*, 8(1), 1–127.

 https://doi.org/10.4073/csr.2012.3
- de Vibe, M., Solhaug, I., Tyssen, R., Friborg, O., Rosenvinge, J. H., Sørlie, T., & Bjørndal, A. (2013). Mindfulness training for stress management: A randomised controlled study of medical and psychology students. *BMC Medical Education*, *13*(1). https://doi.org/10.1186/1472-6920-13-107
- Dobie, A., Tucker, A., Ferrari, M., & Rogers, J. M. (2016). Preliminary evaluation of a brief mindfulness-based stress reduction intervention for mental health professionals.
 Australasian Psychiatry, 24, 42-45. doi: 10.1177/1039856215618524
- Donald, J. N., Atkins, P. W., Parker, P. D., Christie, A. M., & Ryan, R. M. (2016). Daily stress and the benefits of mindfulness: Examining the daily and longitudinal relations between present-moment awareness and stress responses. Journal of Research in Personality, 65, 30-37. doi:10.1016/j.jrp.2016.09.002
- Dorian, M., & Killebrew, J. E. (2014). A study of mindfulness and self-care: A path to self-compassion for female therapists in training. *Women & Therapy*, *37*(1-2), 155–163. https://doi.org/10.1080/02703149.2014.850345
- Dreyfus, G. (2011). Is mindfulness present-centred and non-judgmental? A discussion of the cognitive dimensions of mindfulness. *Contemporary Buddhism*, *12*(1), 41–54. https://doi.org/10.1080/14639947.2011.564815
- Duggal, C., & Rao, M. (2016). Challenges experienced by novice counsellors. *Counselling in India*, 35–53. https://doi.org/10.1007/978-981-10-0584-8 3

- Eatough, V., & Smith, J. A. (2017). Interpretative phenomenological analysis. *The SAGE Handbook of Qualitative Research in Psychology*, 193–209. https://doi.org/10.4135/9781526405555.n12
- Farias, M., & Wikholm, C. (2016). Has the science of mindfulness lost its mind?. *BJPsych bulletin*, 40(6), 329–332. https://doi.org/10.1192/pb.bp.116.053686
- Fatter, D. M., & Hayes, J. A. (2013). What facilitates countertransference management? the roles of therapist meditation, mindfulness, and self-differentiation. *Psychotherapy Research*, 23(5), 502–513. https://doi.org/10.1080/10503307.2013.797124
- Fjorback, L. O., Arendt, M., Ørnbøl, E., Fink, P., & Walach, H. (2011). Mindfulness-based stress reduction and mindfulness-based cognitive therapy A systematic review of randomized controlled trials. *Acta Psychiatrica Scandinavica*, *124*(2), 102–119. https://doi.org/10.1111/j.1600-0447.2011.01704.x
- Gallagher, M. W., Bentley, K. H., & Barlow, D. H. (2014). Perceived control and vulnerability to anxiety disorders: A meta-analytic review. *Cognitive Therapy and Research*, *38*(6), 571–584. https://doi.org/10.1007/s10608-014-9624-x
- Gentry J.E. (2002). Compassion fatigue: A crucible of transformation. *Journal of Trauma Practice*, 1(3/4):37–61. doi: 10.1300/J189v01n03_03. [CrossRef] [Google Scholar]
- Ghorbani, N., Krauss, S. W., Watson, P. J., & LeBreton, D. (2008). Relationship of perceived stress with depression: Complete mediation by perceived control and anxiety in Iran and the United States. *International Journal of Psychology*, *43*(6), 958–968. https://doi.org/10.1080/00207590701295264

- Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion*, *10*(1), 83–91. https://doi.org/10.1037/a0018441
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2010). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Focus on Alternative and Complementary Therapies*, 8(4), 500–500. https://doi.org/10.1111/j.2042-7166.2003.tb04008.x
- Grossman, P. (2011). Defining mindfulness by how poorly I think I pay attention during everyday awareness and other intractable problems for Psychology's (re)invention of mindfulness: Comment on brown et al. (2011). *Psychological Assessment*, 23(4), 1034–1040. https://doi.org/10.1037/a0022713
- Hatfield, J., Job, R. F. S., Hede, A. J., Carter, N. L., Peploe, P., Taylor, R., & Morrell, S. (2002). Human response to environmental noise: The role of Perceived Control. *International Journal of Behavioral Medicine*, 9(4), 341–359. https://doi.org/10.1207/s15327558ijbm0904_04
- Hassed, C. (2021). Mindfulness: Is it buddhist or universal? *The Humanistic Psychologist*, 49(1), 72–88. https://doi.org/10.1037/hum0000169
- Heeren, A., & Philippot, P. (2010). Changes in ruminative thinking mediate the clinical benefits of mindfulness: Preliminary findings. Mindfulness, 2(1), 8-13. doi:10.1007/s12671-010-0037-y
- Hjeltnes, A., Binder, P.-E., Moltu, C., & Dundas, I. (2015). Facing the fear of failure: An explorative qualitative study of client experiences in a mindfulness-based Stress Reduction Program for university students with academic evaluation anxiety.

- International Journal of Qualitative Studies on Health and Well-Being, 10(1), 27990. https://doi.org/10.3402/qhw.v10.27990
- Ito, Y., Browne, C. A., & Yamamoto, K. (2022). The impacts of mindfulness-based stress reduction (MBSR) on mindfulness and well-being for regular and novice meditators.

 Mindfulness, 13(6), 1458–1468. https://doi.org/10.1007/s12671-022-01888-6
- Janssen, M., Van der Heijden, B., Engels, J., Korzilius, H., Peters, P., & Heerkens, Y. (2020). Effects of mindfulness-based stress reduction training on healthcare professionals' Mental Health: Results from a pilot study testing its predictive validity in a specialized hospital setting. *International Journal of Environmental Research and Public Health*, 17(24), 9420. https://doi.org/10.3390/ijerph17249420
- Jungbluth, C., MacFarlane, I. M., McCarthy Veach, P., & LeRoy, B. S. (2011). Why is everyone so anxious?: an exploration of stress and anxiety in genetic counseling graduate students. *Journal of Genetic Counseling*, 20, 270–286.
- Kabat-Zinn, J. (2003). Mindfulness Based Stress Reduction (MBSR). Constructivism in the Human Sciences, 8, 73-83.
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, *12*(1), 281–306. https://doi.org/10.1080/14639947.2011.564844
- Kabat-Zinn, J. (2015). *Mindfulness*, 6(6), 1481–1483. https://doi.org/10.1007/s12671-015-0456-x
- Kang, Y., Gruber, J., & Gray, J. R. (2012). Mindfulness and De-Automatization. *Emotion Review*, 5(2), 192–201. https://doi.org/10.1177/1754073912451629

- Kerrigan, D., Johnson, K., Stewart, M., Magyari, T., Hutton, N., Ellen, J. M., & Sibinga, E.
 M. S. (2011). Perceptions, experiences, and shifts in perspective occurring among urban youth participating in a mindfulness-based Stress Reduction Program.
 Complementary Therapies in Clinical Practice, 17(2), 96–101.
 https://doi.org/10.1016/j.ctcp.2010.08.003
- Khoury, Sharma, Rush, & Fournier (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. Journal of Psychosomatic Research, 78, 519-528. doi: 10.1016/j.jpsychores.2015.03.009
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue,
 Burn-out, and self-care in clinicians working with trauma survivors. *Traumatology*,
 14(2), 32–44. https://doi.org/10.1177/1534765608319083
- Koliris, M.E. (2012). "Becoming who you are": the experience of mindfulness in UK therapists and Greek counselling trainees.
- Kristeller, J.L., Lehrer, P. M., Woolfolk, R. L., & Sime, W. E. (2007). Chapter 15:

 Mindfulness Meditation . In *Principles and practices of stress management*. essay,
 Guilford press.
- Lakioti, A., Stalikas, A., & Pezirkianidis, C. (2020). The role of personal, professional, and psychological factors in therapists' resilience. *Professional Psychology: Research and Practice*, *51*(6), 560–570. https://doi.org/10.1037/pro0000306
- Lambert, S. F., & Lawson, G. (2013). Resilience of professional counselors following

 Hurricanes Katrina and rita. *Journal of Counseling & Development*, 91(3), 261–268.

 https://doi.org/10.1002/j.1556-6676.2013.00094.x

- Lee, R. E., Eppler, C., Kendal, N., & Latty, C. (2001). Critical incidents in the professional lives of first year MFT students. Contemporary Family Therapy, 23(1), 51–61. http://dx.doi. org/10.1023/a:1007872132292
- Lee, W., Veach, P. M. C., MacFarlane, I. M., & LeRoy, B. S. (2014). Who is at risk for compassion fatigue? an investigation of genetic counselor demographics, anxiety,
 Compassion Satisfaction, and Burnout. *Journal of Genetic Counseling*, 24(2), 358–370. https://doi.org/10.1007/s10897-014-9716-5
- Lent, J., & Schwartz, R. (2012). The impact of work setting, demographic characteristics, and personality factors related to burn-out among professional counselors. *Journal of Mental Health Counseling*, *34*(4), 355–372. https://doi.org/10.17744/mehc.34.4.e3k8u2k552515166
- Lindahl, J. R., Fisher, N. E., Cooper, D. J., Rosen, R. K., & Britton, W. B. (2017). The varieties of contemplative experience: A mixed-methods study of meditation-related challenges in Western Buddhists. *PloS one*, *12*(5), e0176239. https://doi.org/10.1371/journal.pone.0176239
- Lueke, A., & Gibson, B. (2014). Mindfulness meditation reduces implicit age and race bias.
 Social Psychological and Personality Science, 6(3), 284–291.
 https://doi.org/10.1177/1948550614559651
- Madonna (2018) Mindfulness Practitioners Clarify the Concept of "Re-Perceiving": A

 Qualitative Interview Study. The Graduate Review, 3, 111-133

- Manuello, J., Vercelli, U., Nani, A., Costa, T., & Cauda, F. (2016). Mindfulness meditation and consciousness: An integrative neuroscientific perspective. *Consciousness and Cognition*, 40, 67–78. https://doi.org/10.1016/j.concog.2015.12.005
- Maslach, C. (2003). Job Burn-out: New Directions in Research and Intervention. *Current Directions in Psychological Science*, *12*(5), 189–192. https://doi.org/10.1111/1467-8721.01258
- Maslach, C., Schaufeli, W.B., & Leiter, M.P. (2001). Job burn-out. *Annual review of psychology*, 52, 397-422.
- Merkes, M. (2010). Mindfulness-based stress reduction for people with chronic diseases. Australian Journal of Primary Health, 16(3), 200. https://doi.org/10.1071/py09063
- Mitha, F. (2018). Becoming mindfully mindful: counselling psychologists' use of mindfulness in their private lives and clinical practice. (Unpublished Doctoral thesis, City, University of London)
- Morgan, L. P. K., Graham, J. R., Hayes-Skelton, S. A., Orsillo, S. M., & Roemer, L. (2014).

 Relationships between amount of post-intervention mindfulness practice and follow-up outcome variables in an acceptance-based behavior therapy for generalized anxiety disorder: The importance of informal practice. *Journal of Contextual Behavioral Science*, 3(3), 173–178. https://doi.org/10.1016/j.jcbs.2014.05.001
- Nehra, D.K., Nehra, S., & Dogra, R. (2013). Positive Psychological Functioning with Mindfulness Based Stress Reduction (MBSR) Program. *Biopsychosocial Issues in Positive Health*.

- Newsome, S., Christopher, J. C., Dahlen, P., & Christopher, S. (2006). Teaching counselors self-care through mindfulness practices. *Teachers College Record: The Voice of Scholarship in Education*, 108(9), 1881–1900. https://doi.org/10.1177/016146810610800912
- Nucci, D. (2014). Mindlessness. Cambridge Scholars Publishing.
- Posluns, K., & Gall, T. L. (2019). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counselling*, 42(1), 1–20. https://doi.org/10.1007/s10447-019-09382-w
- Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy*, 20(3), 95–108. https://doi.org/10.1080/08854726.2014.913876
- Raab, K., Sogge, K., Parker, N., & Flament, M. F. (2015). Mindfulness-based stress reduction and self-compassion among mental healthcare professionals: A pilot study. *Mental Health, Religion & Culture*, *18*(6), 503–512. https://doi.org/10.1080/13674676.2015.1081588
- Ribeiro, L., Atchley, R. M., & Oken, B. S. (2017). Adherence to practice of mindfulness in novice meditators: Practices chosen, amount of time practiced, and long-term effects following a mindfulness-based intervention. *Mindfulness*, *9*(2), 401–411. https://doi.org/10.1007/s12671-017-0781-3
- Richards, K., Campenni, C., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal*

- of Mental Health Counseling, 32(3), 247–264. https://doi.org/10.17744/mehc.32.3.0n31v88304423806
- Rokach, A., & Boulazreg, S. (2020). The COVID-19 ERA: How therapists can diminish burn-out symptoms through self-care. *Current Psychology*, *41*(8), 5660–5677. https://doi.org/10.1007/s12144-020-01149-6
- Rosenzweig, S., Greeson, J. M., Reibel, D. K., Green, J. S., Jasser, S. A., & Beasley, D. (2010). Mindfulness-based stress reduction for chronic pain conditions: Variation in treatment outcomes and role of Home Meditation Practice. *Journal of Psychosomatic Research*, 68(1), 29–36. https://doi.org/10.1016/j.jpsychores.2009.03.010
- Rudaz, M., Twohig, M. P., Ong, C. W., & Levin, M. E. (2017). Mindfulness and acceptance-based trainings for fostering self-care and reducing stress in Mental Health

 Professionals: A Systematic Review. *Journal of Contextual Behavioral Science*, 6(4),
 380–390. https://doi.org/10.1016/j.jcbs.2017.10.001
- Rupert, P. A., Miller, A. O., & Dorociak, K. E. (2015). Preventing burnout: What does the research tell us? *Professional Psychology: Research and Practice*, 46(3), 168–174. https://doi.org/10.1037/a0039297
- Santorelli, S. (2014). *Mindfulness-based stress reduction (MBSR): Standards of*practice. Center for Mindfulness in Medicine, University of Massachusetts Medical School.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. Guilford Press.

- Siegel, R. D., Germer, C. K., & Olendzki, A. (2009). Mindfulness: What is it? where did it come from? *Clinical Handbook of Mindfulness*, 17–35. https://doi.org/10.1007/978-0-387-09593-6_2
- Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology*, 62(3), 373–386. https://doi.org/10.1002/jclp.20237
- Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, *1*(2), 105–115. https://doi.org/10.1037/1931-3918.1.2.105
- Shapiro, S. L., Bootzin, R. R., Figueredo, A. J., Lopez, A. M., & Schwartz, G. E. (2003). The efficacy of mindfulness-based stress reduction in the treatment of sleep disturbance in women with breast cancer. *Journal of Psychosomatic Research*, *54*(1), 85–91. https://doi.org/10.1016/s0022-3999(02)00546-9
- Shapiro D. H., Jr (1992). Adverse effects of meditation: a preliminary investigation of long-term meditators. *International journal of psychosomatics : official publication of the International Psychosomatics Institute*, 39(1-4), 62–67.
- Shinebourne, P. (2011). The theoretical underpinnings of Interpretative Phenomenological Analysis (IPA). *Existential Analysis*, 22(1), 16–31.
- Skovholt, T. M., & Trotter-Mathison, M. (2016). The resilient practitioner. https://doi.org/10.4324/9781315737447

- Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. *Doing Social Psychology Research*, 229–254. https://doi.org/10.1002/9780470776278.ch10
- Theriault, A., Gazzola, N., Isenor, J., & Pascal, L. (2015). Imparting Self-Care Practices to Therapists: What the Experts Recommend. *Canadian Journal of Counselling and Psychotherapy*, 49(4), 379-400.
- Thompson, I., Amatea, E., & Thompson, E. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and Burn-out. *Journal of Mental Health Counseling*, *36*(1), 58–77. https://doi.org/10.17744/mehc.36.1.p61m73373m4617r3
- Tierney, M. (2021). Secure your mask first: The importance of self-care. *Journal of the American Psychiatric Nurses Association*, 27(4), 334–336. https://doi.org/10.1177/10783903211023732
- Tran, U. S., Glück, T. M., & Nader, I. W. (2013). Investigating the five facet mindfulness questionnaire (FFMQ): Construction of a short form and evidence of a two-factor higher order structure of mindfulness. *Journal of Clinical Psychology*, 69(9), 951–965. https://doi.org/10.1002/jclp.21996
- Verweij, H., van Ravesteijn, H., van Hooff, M. L., Lagro-Janssen, A. L., & Speckens, A. E. (2018). Mindfulness-based stress reduction for residents: A randomized controlled trial. *Journal of General Internal Medicine*, 33(4), 429–436. https://doi.org/10.1007/s11606-017-4249-x
- Wong, S.Y.S., Chan, J.Y.C., Zhang, D. *et al.* The Safety of Mindfulness-Based Interventions: a Systematic Review of Randomized Controlled Trials. *Mindfulness* **9**, 1344–1357 (2018). https://doi.org/10.1007/s12671-018-0897-0

- Yardley, L. (2000). Dilemmas in qualitative health research. Psychology & Dilemmas in qualitative heal
- Yardley, L. (2016). Demonstrating the validity of qualitative research. *The Journal of Positive Psychology*, 12(3), 295–296. https://doi.org/10.1080/17439760.2016.1262624
- Yip, S. Y., Mak, W. W., Chio, F. H., & Law, R. W. (2016). The mediating role of self-compassion between mindfulness and Compassion Fatigue Among Therapists in Hong Kong. *Mindfulness*, 8(2), 460–470. https://doi.org/10.1007/s12671-016-0618-5

APPENDIX A

Recruitment Form

The following passage was posted on the researcher's social media:

"Are you a mental health professional (counselor, psychologist, psychotherapist) who has participated in an accredited mindfulness-based stress reduction (MBSR) program? If so, would you feel comfortable participating in a confidential interview to share the details of your subjective experience?"

To participate, you need to: (1) be a licensed mental health professional, (2) have at least five years of clinical experience, (3) have lived and worked in Greece for the past five years, (4) have completed an accredited MBSR (mindfulness-based stress reduction) program with proof of completion.

I am conducting research to interpret and analyze the experience of mental health professionals with MBSR. Please contact me via private message and thank you in advance for your help.

Recruitment Form

Greek Version

Το ακόλουθο κείμενο αναρτήθηκε στα μέσα κοινωνικής δικτύωσης του ερευνητή:

«Είστε επαγγελματίας ψυχικής υγείας (σύμβουλος, ψυχολόγος, ψυχοθεραπευτής) που έχετε συμμετάσχει σε ένα διαπιστευμένο πρόγραμμα μείωσης του άγχους με βάση την ενσυνειδητότητα (MBSR); Αν ναι, θα νιώθατε άνετα να συμμετάσχετε σε μια απόρρητη συνέντευξη για να μοιραστείτε λεπτομέρειες της υποκειμενικής σας εμπειρίας;

Για να συμμετάσχετε, πρέπει: 1) να είστε αδειούχος επαγγελματίας ψυχικής υγείας, 2) να έχετε τουλάχιστον πενταετή κλινική εμπειρία, 3) να έχετε ζήσει και εργαστεί στην Ελλάδα τα τελευταία πέντε χρόνια, (4) να έχετε ολοκληρώσει ένα πρόγραμμα MBSR (mindfulness-based stress reduction) και να παρέχετε το πιστοποιητικό ολοκλήρωσης.

Διεξάγω έρευνα για να ερμηνεύσω και να αναλύσω την εμπειρία των επαγγελματιών ψυχικής υγείας με το MBSR. Παρακαλώ επικοινωνήστε μαζί μου μέσω προσωπικού μηνύματος και σας ευχαριστώ εκ των προτέρων για τη βοήθειά σας.

APPENDIX B

Demographics Form

Full name:
Age:
Gender:
Profession:
Years of professional experience:
Current country of residence:
Place of residence the past five years:
Date of MBSR completion:
Name of institution/organization the MBSR was taken at:
"I have provided proof of enrollment and completion of the MBSR. I understand that the
above information is necessary for my participation, and it will be kept confidential."
Signature of participant
Signature of researcher

Demographics Form

Greek Version

Ονοματεπώνυμο:
Ηλικία:
Γένος:
Επάγγελμα:
Χρόνια επαγγελματικής εμπειρίας:
Τρέχουσα χώρα διαμονής:
Τόπος διαμονής τα τελευταία πέντε χρόνια:
Ημερομηνία ολοκλήρωσης του MBSR:
'Ονομα ιδρύματος/ οργανισμού όπου ολοκληρώθηκε το MBSR:
«Έχω προσκομίσει απόδειξη εγγραφής και ολοκλήρωσης του MBSR. Κατανοώ ότι ο
παραπάνω πληροφορίες είναι απαραίτητες για τη συμμετοχή μου και θα παραμείνουν
απόρρητες.»
Υπογραφή συμμετέχοντα
Υπογραφή ερευνητή

APPENDIX C

Informed Consent Form

Thank you for participating in this study and for your willingness to share your experience. We will be conducting an interview to give you the space to reflect on your experience as a professional, with several open questions to guide the scope of the interview. The aim of the current study is to explore the authentic experiences of mental health professionals who have taken part in an MBSR program. The interview questions and structure have been designed to provide insight on the personal and professional impact of the mindfulness-based program for each participant. You will be asked to complete a brief form with demographic information such as sex, age, and professional experience. Additionally, you will be asked to disclose the date of completion of the MBSR and which institution of organization it was completed at.

This interview is an integral part of a research project in the context of the researcher's partial fulfilment of the requirements of the MSc in Counseling Psychology and Psychotherapy program of the American College of Greece. All of the information that you share in the interview will be anonymous and your confidentiality will be prioritized. Identifiable personal details will be altered to further protect your identity and to abide by ethical guidelines. The interview will be audio and video recorded for the purposes of this study and it will be stored in a folder on a password-protected computer that only the researcher of this study has access to. The interview will be permanently deleted after data analysis and notes have been obtained.

There are no anticipated risks by participating in this study. Your participation is voluntary, and you have the right to withdraw from the interview and the study at any time without penalty.

If you have any further questions about this study, please contact the researcher via email: s.versteeg@acg.edu.

This research is supervised by Dr. M. E. Koliris mkoliris@acg.edu.

This research study has been reviewed and approved by the Institutional Review Board of the American College of Greece.

Name and signature of main investigator(s). This final statement:

"I have read and understood the information provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study."

Signature	Date

Informed Consent Form

Greek Version

Σας ευχαριστώ θερμά για τη συμμετοχή σας σε αυτή την έρευνα και για την προθυμία σας να μοιραστείτε την εμπειρία σας. Θα πραγματοποιήσουμε μία συνέντευξη για να σας δοθεί ο χώρος να αναλογιστείτε την εμπειρία σας ως επαγγελματίας, με κάποια ανοιχτά ερωτήματα να καθοδηγήσουν την κατεύθυνση της συνέντευξης. Ο στόχος της παρούσας έρευνας είναι η εξερεύνηση της αυθεντικής εμπειρίας ψυχολόγων που έχουν πάρει μέρος σε ένα πρόγραμμα MBSR. Οι ερωτήσεις και η δομή της συνέντευξης έχουν σχηματιστεί ώστε να παρέχουν διορατικότητα σχετικά με την προσωπική και επαγγελματική επίπτωση του προγράμματος ενσυνειδητότητας για κάθε συμμετέχοντα. Θα σας ζητήσω να συμπληρώσετε ένα σύντομο έγγραφο με δημογραφικές πληροφορίες όπως φύλο, ηλικία, και επαγγελματική εμπειρία. Επίσης, θα σας ζητήσω να σημειώσετε την ημερομηνία ολοκλήρωσης του προγράμματος MBSR και το όνομα του ιδρύματος ή της οργάνωσης από το οποίο λάβατε την πιστοποίηση.

Αυτή η συνέντευξη είναι ένα σημαντικό κομμάτι ενός πρότζεκτ έρευνας στο πλαίσιο των απαιτήσεων του μεταπτυχιακού Μ.Sc. in Counseling Psychology and Psychotherapy Deree, of the American College of Greece. 'Ολες οι πληροφορίες που θα μοιραστείτε στη συνέντευξη θα παραμείνουν ανώνυμες και το απόρρητο θα ληφθεί σοβαρά υπόψη. Αναγνωρίσιμες προσωπικές λεπτομέρειες θα αλλοιωθούν για να προστατευτεί η ταυτότητά σας και να τηρηθούν οι ηθικές οδηγίες. Η συνέντευξη θα ηχογραφηθεί και θα βιντεογραφηθεί για τον σκοπό της παρούσας έρευνας. Το βίντεο και η ηχογράφηση θα αποθηκευτούν σε έναν φάκελο σε υπολογιστή του ερευνητή με κωδικό όπου μόνο ο ερευνητής έχει πρόσβαση. Μετέπειτα, η συνέντευξη θα διαγραφεί οριστικά μετά την ανάλυση των πληροφοριών και σημειώσεων.

Δεν υπάρχουν αναμενόμενοι κίνδυνοι σχετικά με τη συμμετοχή στην παρούσα έρευνα. Η συμμετοχή σας είναι εθελοντική και έχετε το δικαίωμα να σταματήσετε και να αποσύρετε τη συμμετοχή σας οποιαδήποτε στιγμή επιθυμείτε χωρίς συνέπειες.

Αν έχετε περαιτέρω ερωτήσεις για αυτή την έρευνα, σας παρακαλώ επικοινωνήσετε με τον ερευνητή μέσω μέιλ: s.versteeg@acg.edu.

Αυτή η έρευνα είναι υπό την εποπτεία της Dr. M. E. Koliris mkoliris@acg.edu.

Η παρούσα έρευνα επεξεργάστηκε και εγκρίθηκε από το 'Institutional Review Board' του 'the American College of Greece'.

Όνομα και υπογραφή των ερευνητών. Η τελική δήλωση:

«'Εχω διαβάσει και κατανοήσει τις πληροφορίες που μου έχουν δοθεί. 'Ολες μου οι ερωτήσεις έχουν απαντηθεί προς ικανοποίησή μου και συμφωνώ να συμμετάσχω εθελοντικά σε αυτή την έρευνα»

ΥπογραφήΗ	Ημερομηνία
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APPENDIX D

Video/Audio Release Form

I voluntarily agree to be videotaped during the study being conducted by Stella Versteeg. I
understand that the recording will be used only for the purpose of subsequent transcription
and analysis by the investigator, Stella Versteeg. The recording will be identified by the
following title, "Qualitative Research Interview", without any identifying words or names.
The recording will be kept for two weeks post-interview and it will be stored in a password-
protected folder on the computer of the investigator. After data is collected the tapes will be
erased.
Signature of the Participant Date
Signature of Investigator Date
Refusal to be Taped
I do not agree to be videotaped during this study conducted by Stella Versteeg. By refusing to
be videotaped, I understand that I may not continue to participate in the study.
Signature of the Participant Date

Video/Audio Release Form

Greek Version

Συμφωνώ οικειοθελώς να βιντεοσκοπηθώ κατά τη διάρκεια της μελέτης που διεξάγεται από
τη Στέλλα Βερστήγκ. Κατανοώ ότι η ηχογράφηση και το βίντεο θα χρησιμοποιηθούν μόνο
για τον σκοπό της μεταγενέστερης μεταγραφής και ανάλυσης από την ερευνήτρια, Στέλλα
Βερστήγκ. Η ηχογράφηση θα προσδιορίζεται με τον ακόλουθο τίτλο, «Ποιοτική Ερευνητική
Συνέντευξη», χωρίς καμία ταυτιστική λέξη ή όνομα. Η ηχογράφηση θα διατηρηθεί για δύο
εβδομάδες μετά τη συνέντευξη και θα αποθηκευτεί σε έναν φάκελο που προστατεύεται με
κωδικό πρόσβασης στον υπολογιστή του ερευνητή. Αφού συλλεχθούν τα δεδομένα, οι
κασέτες θα διαγραφούν.
Υπογραφή του Συμμετέχοντα
Ημερομηνία
Υπογραφή του ερευνητή
Ημερομηνία
Άρνηση ηχογράφησης Δεν συμφωνώ να βιντεοσκοπηθώ κατά τη διάρκεια αυτής της
μελέτης που διεξήγαγε η Στέλλα Βερστήγκ. Με την άρνησή μου να βιντεοσκοπηθώ,
καταλαβαίνω ότι ενδέχεται να μην συνεχίσω να συμμετέχω στη μελέτη.
Υπογραφή Συμμετέχοντα Ημερομηνία

APPENDIX E

Debriefing Form

Thank you for your participation in this study and your contribution to this research.

The primary aim of this study is to gain an understanding of the benefits of the MBSR, a structured and effective mindfulness-based program, on a personal and professional level. As mental health professionals endure high levels of stress and exhaustion as a result of their position of caring, self-care is a highly recommended practice. In order to avoid detrimental results of excessive stress and distress such as compassion fatigue and burn-out, mental health professionals are encouraged to allocate personal time for themselves and to care for their needs. Mindfulness has been consistently demonstrated as a holistic practice which fosters empathy, builds emotional resilience, improves attention, and encourages self-compassion.

Prior empirical findings have shown that the counsellor's experience with mindfulness practice is associated with better therapeutic outcomes and a stronger therapeutic relationship. In addition to the clinical benefits, mindfulness has been shown to greatly help counsellors' personal well-being and ability to carry the heavy weight of their profession. By increasing empathy, self-compassion, and patience, the counsellor is able to find a balance between caring for the client and caring for themselves. Neglect of self-care and personal needs has been directly linked to burn-out and other negative outcomes for professionals' mental health.

So far, there is very little qualitative research conducted in Greece on the experience of MBSR for mental health counsellors in the context of self-care and thus, this will be a novel piece of work aiming to fill the gap in the current research. The impact of this study is large because useful information will be provided in the interviews to build upon an existing understanding of MBSR and mental health professional well-being. This is clinically important

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as it may raise awareness about the implications of excessive work exhaustion and neglect of

personal needs as well as to provide significant information about a highly effective form of

self-care. Furthermore, this may inspire the implementation of MBSR programs in clinical

settings and mental health organizations for counselors.

For any question or concern about this research please contact the researcher of this study Stella

Versteeg via e-mail: s.versteeg@acg.edu. The contact information of the supervisor is: Dr M.

E. Koliris, <u>mkoliris@acg.edu</u>.

In case you would like to speak with someone after the interview, you may call the Phone Line

of Psychosocial Support (10306) which operates during all hours, every day of the week.

Thank you again for your participation in this study,

Stella Versteeg

Debriefing Form

Greek Version

Σας ευχαριστώ για τη συμμετοχή σας στην παρούσα έρευνα και τη συνεισφορά σας.

Ο πρωταρχικός στόχος αυτής της έρευνας είναι να κατανοήσουμε τα οφέλη του MBSR, ενός δομημένου και αποτελεσματικού προγράμματος που βασίζεται στην ενσυνειδητότητα, σε προσωπικό και επαγγελματικό επίπεδο. Καθώς οι επαγγελματίες ψυχικής υγείας υπομένουν υψηλά επίπεδα άγχους και εξάντλησης ως αποτέλεσμα της θέσης φροντίδας τους, η αυτοφροντίδα είναι μια ιδιαίτερα συνιστώμενη πρακτική. Προκειμένου να αποφευχθούν επιζήμια αποτελέσματα υπερβολικού στρες και αγωνίας, όπως κόπωση από συμπόνια και εξάντληση, οι επαγγελματίες ψυχικής υγείας ενθαρρύνονται να διαθέσουν προσωπικό γρόνο για τον εαυτό τους και να φροντίσουν τις ανάγκες τους. Η ενσυνειδητότητα έχει αποδειχθεί ως μία ολιστική πρακτική που προωθεί την ενσυναίσθηση, χτίζει συναισθηματική ανθεκτικότητα, βελτιώνει τη ν προσοχή και ενθαρρύνει την αυτοσυμπόνια. Προηγούμενα εμπειρικά ευρήματα έγουν δείξει ότι η εμπειρία του συμβούλου με την πρακτική της ενσυνειδητότητας σγετίζεται με καλύτερα θεραπευτικά αποτελέσματα και μια ισχυρότερη θεραπευτική σχέση. Εκτός από τα κλινικά οφέλη, η ενσυνειδητότητα έχει αποδειχθεί ότι βοηθά σημαντικά την προσωπική ευημερία και την ικανότητα των συμβούλων να αντέχουν το μεγάλο βάρος του επαγγέλματός τους. Αυξάνοντας την ενσυναίσθηση, την αυτοσυμπόνια και την υπομονή, ο σύμβουλος είναι σε θέση να βρει μια ισορροπία μεταξύ της φροντίδας για τον πελάτη και της φροντίδας για τον εαυτό του. Η παραμέληση της αυτοφροντίδας και των προσωπικών αναγκών έχει συνδεθεί άμεσα με την εξουθένωση και άλλες αρνητικές συνέπειες για την ψυχική υγεία των επαγγελματιών. Μέχρι στιγμής, υπάρχει πολύ λίγη ποιοτική έρευνα που έχει διεξαχθεί στην Ελλάδα σχετικά με την εμπειρία του MBSR για συμβούλους ψυχικής υγείας στο πλαίσιο της

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αυτοφροντίδας και, ως εκ τούτου, αυτή θα είναι μια νέα εργασία που στοχεύει να καλύψει το

κενό στην τρέχουσα έρευνα. Ο αντίκτυπος αυτής της μελέτης είναι μεγάλος επειδή θα δοθούν

χρήσιμες πληροφορίες στις συνεντεύξεις για να βασιστούν στην υπάρχουσα κατανόηση του

MBSR και της επαγγελματικής ευημερίας της ψυχικής υγείας. Αυτό είναι κλινικά σημαντικό

καθώς μπορεί να αυξήσει την ευαισθητοποίηση σχετικά με τις συνέπειες της υπερβολικής

εργασιακής εξάντλησης και την παραμέληση των προσωπικών αναγκών, καθώς και να παρέχει

σημαντικές πληροφορίες σχετικά με μια εξαιρετικά αποτελεσματική μορφή αυτοφροντίδας.

Επιπλέον, αυτό μπορεί να εμπνεύσει την εφαρμογή προγραμμάτων MBSR σε κλινικά

περιβάλλοντα και οργανισμούς ψυχικής υγείας για συμβούλους.

Για οποιεσδήποτε ερωτήσεις ή απορίες για την παρούσα έρευνα, παρακαλώ επικοινωνήσετε με

την ερευνήτρια της έρευνα, Στέλλα Βερστήγκ μέσω μέιλ: s.versteeg@acg.edu. Τα στοιχεία

επικοινωνίας της επόπτριας της παρούσας έρευνας είναι: Dr. M. E. Koliris, mkoliris@acg.edu.

Σε περίπτωση που θέλετε να μιλήσετε με κάποιον μετά τη συνέντευξη, μπορείτε να καλέσετε

την Τηλεφωνική Γραμμή Ψυχοκοινωνικής Υποστήριξης (10306) το οποίο λειτουργεί όλο το

εικοσιτετράωρο.

Σας ευχαριστώ ξανά για τη συμμετοχή σας σε αυτή την έρευνα,

Στέλλα Βερστήγκ

APPENDIX F

Interview Schedule

- a) Ice breaker question: Would you like to share some information about your experience with the MBSR?
- b) What was the impact of this program for you, if any?
- c) Have there been changes in your mood before the MBSR as compared to after the MBSR?
- d) Have there been any positive outcomes of the MBSR for you? *If so, please elaborate.
- e) Are there any ways that you have found mindfulness to be irrelevant or difficult in your life? *If so, please elaborate.
- f) Has mindfulness continued to be a part of your life after the MBSR? *If so, what does this look like on a given day? Please provide an example. *If not, have there been obstacles which have kept you from practicing mindfulness after the program? If yes, do you tend to have an informal or formal practice?
- g) Has mindfulness resulted in any changes in your professional presence? *What about changes in your personal life?
- h) For the purpose of this study, burn-out is defined as a cumulative sense of fatigue, often related to excessive stress in one's job. Symptoms of burn-out are chronic feelings of exhaustion, low energy, mental distance from one's job, loss of motivation, insomnia, irritability, difficulty concentrating, and reduced professional efficacy. Have you ever experienced such symptoms? *If so, what did this look like or feel like for you?
- i) Are there any strategies that you use to prevent burn-out?
- i) Has mindfulness played a part in how you look after yourself? *If so, how?

k) Is there anything else that you would like to share about your experience?

*Questions with an asterisk are potential follow up questions.

Interview Schedule

Greek Version

- α) Ερώτηση ice breaker: Θα θέλατε να μοιραστείτε κάποιες πληροφορίες σχετικά με την εμπειρία σας με το πρόγραμμα MBSR;
- b) Ποιος ήταν ο αντίκτυπος αυτού του προγράμματος για εσάς, εάν υπήρχε;
- c) Υπήρξαν διαφορές στη διάθεσή σας πριν από το MBSR σε σύγκριση με το μετά το MBSR;
- d) Υπήρξαν θετικά αποτελέσματα του MBSR για εσάς; *Αν ναι, παρακαλώ διευκρινίστε.
- e) Υπάρχουν τρόποι με τους οποίους η ενσυνειδητότητα είναι άσχετη ή δύσκολη στη ζωή σας; *Αν ναι, παρακαλώ διευκρινίστε.
- f) Η ενσυνειδητότητα συνέχισε να είναι μέρος της ζωής σας μετά το MBSR; *Αν ναι,
 πώς μοιάζει αυτό σε μια δεδομένη μέρα; Δώστε ένα παράδειγμα. *Εάν όχι, υπήρξαν
 εμπόδια που σας εμπόδισαν να εξασκήσετε την ενσυνειδητότητα μετά το πρόγραμμα;
- g) Η ενσυνειδητότητα είχε ως αποτέλεσμα αλλαγές στην επαγγελματική σας παρουσία;
 *Μήπως έχετε προσέξει αλλαγές στην προσωπική σας ζωή;
- h) Για τους σκοπούς αυτής της μελέτης, το burn-out ορίζεται ως μία σωρευτική αίσθηση κόπωσης, που συχνά σχετίζεται με το υπερβολικό άγχος στην εργασία κάποιου. Τα συμπτώματα του burn-out είναι χρόνια αισθήματα εξάντλησης, χαμηλή ενέργεια, διανοητική απόσταση από την εργασία, απώλεια κινήτρων, αυπνία, ευερεθιστότητα, δυσκολία συγκέντρωσης και μειωμένη επαγγελματική αποτελεσματικότητα. Έχετε βιώσει ποτέ τέτοια συμπτώματα; * Αν ναι, πώς φαίνεται αυτό για εσάς και πώς το έχετε νιώσει;
- i) Υπάρχουν στρατηγικές που χρησιμοποιείτε για να αποτρέψετε το burn-out;

- j) Η ενσυνειδητότητα έχει παίξει ρόλο στον τρόπο που φροντίζετε τον εαυτό σας; Αν ναι, πως;
- k) Υπάρχει κάτι άλλο που θα θέλατε να μοιραστείτε σχετικά με την εμπειρία σας;
- Οι ερωτήσεις με αστερίσκο (*) είναι πιθανές ακόλουθες ερωτήσεις.

APPENDIX G

Transcript Key

(SV): Researcher

(P1): Participant #1

(P2): Participant #2

(P3): Participant #3

[short pause] : Short pause

[long pause]: Long pause

"-": A dash represents a pause in speech, usually when a sentence is not completed name has been removed for confidentiality purposes: a name or title was removed from the transcript to protect the confidentiality of the participant and other individuals mentioned

[laughter] or [light laughter]: The participant or researcher laughed

[smiled]: The participant or researcher smiled

[nodded]: The participant or researcher nodded their head

[]: Other observed behavior and nonverbal cues

APPENDIX H

Master Table of Themes

I. Burn-Out: More Than an Occupational Phenomenon

A. Hitting Rock Bottom: A Wake-Up Call (P3 pg 14/339-340)

	P1 (pgs 6-7/147-151)
Exhaustion and Hopelessness: An Inability	P2 (pg 7/171-174)
to Perform and a Loss of Purpose	P2 (pgs 7-8/174-179)
	P2 (pg 8/185-189)
	P2 (pg 8/193-195)

B. Surviving Burn-Out

	P2 (pg 9/201-208)
Finding a Way Out	P3 (pg 15/357-362)
	P2 (pg 9/209-213)
	P3 (pg 14/344)

II. An Antidote: Positive Outcomes of the MBSR

A. Improvements in Personal and Professional Presence (P2 pg 2/40-42, P1 pg 2/26-27, P3 pg 10/246-248)

P1 (pg 3/68-72)
P1 (pgs 3-4/75-77)
P2 (pg 2/33-39)
P2 (pg 5/ 114-116)

	P3 (pg 2/36-37)
	P3 (pg 7/157-158)
	P3 (pg 7/169-170)
	P3 (pg 3/68-72)
	P3 (pg 8/192-193)
	P2 (pg 2/41-44)
Gaining Perspective and Being Present:	P2 (pg 6/125-129)
Approaching Clients Differently	P3 (pg 12/285-289)
	P3 (pg 12/296)
	P3 (pg 13/300-304)
	P3 (pg 13/311-315)

B. Mindfulness as a Form of Self-Care (P1, pgs 7-8/173-176, P2, pg 9/214-218, P3, pg 16/388-390)

	P2 (pg 6/133-140)
The Here and Now: Through the Eyes of a	P3 (pg 4/78-79)
Baby	P3 (pg 4/84-88)
	P3 (pg 5/110-120)
	P3 (pg 6/122-123)
	P3 (pg 6/133-136)
	P3 (pg 7/153-155)
	P3 (pg 7/173)
	P3 (pg 8/182-185)
	P1 (pg 2/47-48)
	P2 (pg 6/141-142)

Taking Care of Myself: Mindfulness as an	P2 (pg 7/151-156)
Anchor	P3 (pg 14/344)
	P3 (pg 16/388)
	P1 (pg 2/30-31)
Anxiety and Depression: Getting to Know	P1 (pg 2/33-36)
My Limits and Boundaries	P1 (pg 3/59-62)
	P1 (pg 8/176-179)
	P1 (pg 8/180-184)
	P1 (pgs 8-9/197-213)
	P3 (pg 6/147-150)
	P3 (pg 7/164-167)
	P3 (pg 11/252-254)
	P2 (pg 2/47-50)
	P2 (pg 5/122-123)
	P2 (pg 6/127-128)
	P2 (pg 6, 136-137)

III. The Reality of a Continued Practice: Mindfulness Post-MBSR (P3 pg 10/240-243)

A. Implementing a Daily Practice: It's Not As Easy As It Looks (P1 pg 4/80-81, P1 pgs 4-5/99-102)

	P2 (pg 3/54-56)
Obstacles: Mindfulness As a Revolution	P2 (pg 4/83-88)
	P2 (pg 4/93-100)

	P2 (pgs 9-10/222-226)
	P1 (pg 4/79-80)
	P3 (pg 5/119-120)
	P1 (pgs 4-5/94-106)
Finding Time and Motivation To Be Still	P1 (pg 5/112-117)
	P2 (pg 5/108-109)
	P1 (pg 7/169-172)
	P3 (pg 10/240-242)
	P3 (pgs 10-11/247-251)
	P3 (pg 11/261-262)
	P3 (pg 11/264-269)
	P3 (pg 15/370-373)

B. Integration in the Mindfulness Community

	P1 (pg 9/216-219)
Staying in Touch: Extending the Benefits of	P1 (pg 9/220-221)
Mindfulness	P2 (pg 3/60-62)
	P2 (pg 3/62-66)
	P2 (pg 3/68-69)
	P2 (pg 3/71-74)
	P3 (pgs 2-3/50-52)
	P3 (pg 3/62)
	P3 (pg 16/381-382)

APPENDIX I

Selected Material from Transcripts with Comments

276	P3: Uhh yes. [short pause] What I will tell you is that my classmates when I was attending	Stella Versteeg
277	the MBSR, uhh they commented that I was presenting huge differences as a human being.	Major differences in personal presence, others commented on the changes
278	That I was evolving, that I was becoming stronger. Uhhm you asked me as a mental health	Stella Versteeg Stronger post-MBSR
279	professional but I wanted to tell you that in general, my personal has become stronger. As a	
280	mental health professional, I was trained in a different approach, of course I had the- the luck,	Stalle Vernteer
281	that one helped the other so that Rogers's approach helped me to- to understand the value of	Stella Versteeg Connecting his theoretical approach as a counselor (Rogers) to elements of mindfulness/ "the here and now" and being
282	the here and now because it is a basic element of counseling. Uhh and after uhh it allowed me	present
283	to, because it only relies on three uh conditions. Are you aware? Uh I don't know uh- it relies	
284	on-	Stella Versteeg Acceptance – being open and accepting to anything the
285	SV: Tell me.	dients brings to the session Principle of mindfulness and Rogers/ combining techniques as a professional
286	P3: It relies on- on acceptance, so what is needed when you are- when you offer counseling	Stella Versteeg
287	to your client, it's to have acceptance toward anything that they bring you, to have empathy	Empathy- feeling for the client, trying to understand their reality
288	and to be yourself, to be authentic. Uhh so- essentially that, it is very close to the beserver	Stella Versteeg Authenticity – being yourself as a professional, being true to yourself
289	that we learn from mindfulness and I had realized what I was searching for even more so in	Stella Versteeg
290	my sessions, is to be present. That presence is very important. Uhh I have been trying for	Another element: being the observer. Taking a step back and bringing objectivity into the presence of the counselor
291	years now to enter a session as an observer uhh the truth is that I am not able to. I am in touch	Stella Versteeg Being present/ core element of mindfulness
292	with myself, I am in touch with my client. I am in touch with the three conditions. Uhh I truly	
293	enter into therapy uh [short pause] I am talking a lot I'm sorry uhhm to- to- to answer your	
294	questions again, yes it helped but not in a specific way. It added, if you like, these three	
295	conditions of Rogers: acceptance, empathy, uh authenticity. And presence.	
296	SV: Mm. [nooded]	
297	P3: Mindfulness is very much uhh about being present. And by cultivating it independently	
298	from counseling, I learn how to- indirectly, it didn't- it didn't work, to say that I will go in	l a. n. s.
299	there and I will be an observer didn't work, I get very nvolved with my clients. And I learned	Stella Versteeg Feeling very connected with clients/ struggling with the role of the observer
300	how to- to reconcile with- to reconcile with that. Because it was not the way that I had	

251	was their entire day. [raised his eyebrows] [short pause] This isn't that difficult. Uhh in a way	
		Stella Versteeg Mindfulness as a full-day practice, a way of life
252	it opened me up to practicing throughout my day. I needed it, I needed it, I realized that the	Stella Versteeg No longer a desire, but a need
253	way that I- I am living and I don't believe that all of this is personal, we all live like this, is	
254	based on some thoughts, uhh and for people like me who have depression, it harms them. So	
255	either I would go through my day like I did untl then, uhh normally, me thoughts that bring	Stella Versteeg
256	me uhh bring me toward depression, unavoidably. Because in mindfulness we learn that even	Seeking relief from depression and depressive thoughts through implementation of a practice
257	if you are having a happy day, uhh especially for me, it will reflected that this is a day that	
258	will pass and the opposite will come. So there is not salvation. Gradually, you understand that	
259	relying on happy days, uhh you are still in the "opposite", you are still in the uhh vicious	
260	cycle. Uhh these are very interesting elements that-that mindfulness is associated with. Thus,	Stella Versteeg
261	to convince myself to practice from morning to night, so what did I do? I came very simply	For him,, it was simple to incorporate mindfulness from morning to night into his life.
262	for me, because I was ready for all of this, and I had the predisposition toward depression, I	Stella Versteeg Perhaps an antidote to depression
263	started doing sitting meditation, from the morning.	
264	SV: Mm. [nodded]	
265	P3: So I started my day- uhh I focused on my breath first of all, then on sensations in my	Stella Versteeg Description of a bodyscan meditation, a technique taught in the MBSR
266	body uhh and then having my eyes open of course, I focused on my sensations one by one.	
267	And when I finished this practice, I continued to go through my day and when I felt weakness	Stella Versteeg
268	again or that I missed my practice, I did another practice like this again. Throughout the	Using mindfulness based on intuition/ based on personal needs throughout the day
269	years, this way changed, the practice that I do every day changed but I believe that going	Stella Versteeg A home practice as "ever-evolving"
270	through my day as a practice will never change. And there is not other way, believe me, it's	
271	like [short pause] either- either you live in the pathology, so what do you do? Either you rely	
272	on your mind and your thoughts or you rely on the practice. We don't tell this to trainees but	
273	for me, some things come and end and become so simple. Uhh [short pause] yes, that's it.	
274	SV: Uh has mindfulness led to some changes in your presence as a mental health	
275	professional?	

APPENDIX J

Selected Material from Original Transcript (Greek)

199	SV: Είναι σημαντικό να- να πείτε ειλικρινά πως είναι η εμπειρία σας εε όπως λέτε τώρα.
200	P3: Ήτανε- ε ήτανε καθοριστική η εμπειρία μου στο mindfulness εε γιατί μου έδωσε τα
201	εργαλεία. Δηλαδή εε [κοίταξε πάνω] το καλλιέργησα και εγώ μετά και με ξεχωριστά
202	διαβάσματα αλλά έχω μάθει εε, θα σας το πω όπως το κάνω τώρα και μέσα από τις πρακτικές
203	που έχω εμβαθύνει λίγο περισσότερο εε κρατάω τον νου μου. Μπορώ να- να μείνω δηλαδή
204	με τον νου μου, η έκφραση είναι αυτό: «ο νους μου κρατά». Ο νους μου δηλαδή εε μπορεί νο
205	διακρίνει ανάμεσα στο να σκέφτεται [μικρή παύση] και στο να κρατά. Αυτά είναι εργαλεία
206	που τα ξεκίνησα από το mindfulness. Και είναι καθοριστικά, όπως και η αναπνοή. Δηλαδή το
207	μυαλό στους ανθρώπους, είναι η άγκυρα. Και μόνο το mindfulness μπορεί να σε εε [μικρή
208	παύση] δημιουργώντας τεράστια ανασφάλεια βέβαια, μπορεί να σε πάρει από αυτή την
209	άγκυρα, από αυτή τη βάση που έχεις για ζωή και να σου μάθει να στηριχτείς σε μία βάση ποι
210	είναι υγιής. Είναι καθοριστικά τα πράγματα που σου προσφέρει το mindfulness, Απλώς για
211	μένα είναι το αλφαβήτα. Πρέπει μετά να κάνεις δική σου δουλειά, πρέπει να- το πρέπει είναι-
212	επειδή το «πρέπει» είναι πολύ κακιά λέξη [ελαφρύ γέλιο] και το έχω- πολύ το είχα στη ζωή
213	μου, υπάρχει όμως και ένα πρέπει που είναι, «θέλω να σε φροντίσω, πιστεύω ότι αυτό είναι
214	πάρα πολύ ωραίο και θέλω να σου το προσφέρω». Με αυτή την έννοια το λέω. Όχι σε σένα
215	[γέλιο], δεν έχω τόσο θάρρος για να σου το προσφέρω τόσο προσωπικά εε μιλάμε γενικά.
216	SV: Μάλιστα. Εε υπάρχουν τρόποι με τους οποίους το mindfulness είναι άσχετο ή δύσκολο
217	για εσάς;
218	P3 : Όχι. Όχι εε [κοίταξε πάνω] Α- σε οποιαδήποτε- σε οποιαδήποτε όψη του το mindfulness
219	είναι ένας καθρέφτης- ε κοιτάξτε να δείτε, όπως σας είπα, έχω βιώσει μια πολύ δυνατή
220	προσωπική εμπειρία εε οπότε εκεί, ό,τι και να λέει το mindfulness, είναι κάτι που είτε θα
221	ενισχύσει την εμπειρία ή κάτι που δεν το βρίσκω πολύ σημαντικό, λάθος δεν θυμάμαι να έχω
222	δει στο mindfulness ίσως εε κάποια πράγματα στον τρόπο που διδάσκεται το MBCT και όχι
223	το MBSR, με κάνουν επιφυλακτικό επειδή βασίζεται πολύ στους τρόπους του εγκεφάλου και

APPENDIX K

Full Transcripts without Comments

Transcript of Participant #1 (P1)

- 1 SV: Good afternoon!
- 2 P1: Good afternoon.
- 3 SV: How are you?
- 4 P1: Good, just fine, and you?
- 5 SV: Just fine. Thank you very much for your participation in this study.
- 6 P1: You're welcome.
- 7 P1: You have completed a document with demographic information and two documents for
- 8 informed consent. You have also sent the completion certification of the MBSR that you have
- 9 taken part in. Uh so before we begin, I would just like to inform you that this interview will
- 10 be video recorded for the purpose of transcription and analysis. Access to this video will only
- 11 be available to myself and my supervisor, Dr. Koliris. And after two weeks, this file will be
- 12 permanently deleted. Uh if you would like to stop this interview and withdraw at any
- 13 moment, you may. Uh so, let's begin. I will ask you some questions and I simply ask that you
- 14 respond as honestly as you can. And as you feel.
- 15 P1: Nice.
- 16 P1: Would you like to share some information regarding your experience with the MBSR
- 17 program?
- 18 P1: Mhm. Uh I did the first training in 2015, in June. Uumm, then I was in a postgraduate
- 19 program of psychology, so I was finishing my degree. Umm and it was essentially my first
- 20 contact with mindfulness. I knew what it was about but I didn't have uh I didn't exactly
- 21 know what the MBSR was and how such a training happens. Uh so this was my first contact
- 22 and it was it was something very beautiful, uh something that gave me very much, as a
- 23 professional and as a person. Uh and I also felt during the training and later uh that this is
- 24 something that I can continue and that it is something that suits me.
- 25 SV: Thank you. Uh so, which would be the impact of this program for you, if there was any?

Running head: THE EXPERIENCE OF MBSR AS SELF-CARE

51 P1: Mm. [nodded] 52 SV: And like you mentioned about your pre-predisposition uh toward anxiety disorders. Uh 53 so a little bit more specifically about that, were there any differences in your mood before the 54 MBSR in comparison to after? 55 P1: Mm. Yes, there were several important differences, I would say. Umm before the MBSR, 56 before we started the training, when I had been informed on what it was about and what this would entail, uhh I had gotten anxious a little bit more because I was thinking that it would 57 58 be many hours in a space with people that I didn't know. So that was already pretty stressful 59 for me. Uhh [looked up] but I characteristically remember that from the first session, so the first day of the training, I started to feel the difference and that this was something that I 60 could do, it is something that I can learn how to control [raised eyebrows]. My anxiety, 61 62 namely. Umm and afterwards, as the training went on, uhh I noticed that I felt better and I felt a greater sense of confidence. Uh and the continued throughout the duration of the training, 63 so also in between the days of training, the days that mediated. Uh and later when it ended. 64 65 SV: Uh would you say that there were generally positive outcomes of the MBSR for you? 66 P1: Mhm. Uh there were positive outcomes, yes. 67 SV: Uh could you specify what exactly the outcomes were for you? 68 P1: Mhm. [short pause] Uh first of all it was uh I think that I learn how to [light laughter] to 69 breathe better uh when I am anxious. Uum that I learned [looked above] uh how to do 70 grounding by myself in a short time span. Uh something that has been useful for me [looked 71 above and to the left] especially, let's say in public transportation, but also in the part of-like 72 I also mentioned before with the uh dietary issues. So afterwards I understand that uh 73 mindfulness [raised eyebrows] could help me in that sense as well, because it was an element 74 of the uh training, it was namely a part of the training that we did, to eat with mindfulness. 75 Uh and I think that in general [looked above] overall, it helped me to have greater calmness.

- 26 P1: Mhm. Uhh it was positive, I would say. [smiled] Probably only positive, on a personal
- 27 level and professionally. Uh I can tell you about both if you would like, so regarding the
- 28 personal and the professional.
- 29 SV: [nodded]
- 30 P1: Beginning with the personal, it helped me significantly such that as a person, I generally
- 31 have like an anxious predisposition uh and I have some difficulties with anxiety disorders.
- 32 Uhm so all of this, the fact that I went through training and saw what it was like for another
- 33 person to do this. So aside from the theoretical knowledge, the face that I did it practically as
- 34 well uh primarily helped with the reduction of my own symptoms which mainly have to do
- 35 with anxiety and phobias like agoraphobia [short pause] uh and it helped me a lot regarding
- 36 uh some issues related to eating disorders that I had. Uh and later, I was able to develop all of
- 37 this through a continuous contact with the MBSR. I mean after the end of the training. I also
- 38 developed it as a professional tool, firstly because I had seen what it is like for a person to
- 39 have anxiety, to try to do these exercises so I think that I acquired uh a greater understanding
- 40 for all of this. And it helped me professionally in the sense that beyond [looked above to the
- 41 left] being able to teach some things to people in treatment or some skills, uhm it helped me
- 42 with my own issues which I may have faced professionally. And in the part of my own
- 43 training later, regarding my postgraduate program or even my clinical experience. Uh and in
- 44 difficult times that I faced, wither in sessions [raised eyebrows] so in a moment when
- something happened that may have, for example, been somewhat triggering for me.
- 46 SV: Mhm.
- 47 P1: Or after, outside of the session. So it is something that I applied and [looked above] and
- 48 continue to apply uhh mainly as a uh a grounding, I would say.
- 49 SV: Mm. Very nice, thank you. Uh the next question is related to what you have said a little
- 50 bit about your mood-

Running head: THE EXPERIENCE OF MBSR AS SELF-CARE

76	So in terms of being able to handle things in my personal life as well as in my professional
77	life, greater calmness. [short pause]
78	SV: Uh are there ways in which mindfulness is useless or difficult in your life?
79	P1: Mm. Uh sometimes it's difficult [looked above] namely I felt like it would be more
80	difficult uh during some periods when I have greater fatigue [raised eyebrows]. Uh so I saw
81	that it was more difficult for me to maintain kind of a daily practice, a daily practice at home.
82	Uhhm and it became more difficult in a professional frame uh when I sometimes tried to
83	bring some elements uh mindfulness especially in supervision- in parts that have to do with
84	supervision, I am telling you now, supervision of therapies uh where I tried to bring some
85	elements of mindfulness or to [looked above] explain how I felt through mindfulness to the
86	person who had my supervision. Uh and there was some resistance there as to whether
87	mindfulness is ultimately a useful tool, if it can be used for therapists or for clients. Uhhm so
88	that has somewhat help me from- from practicing mindfulness daily, there was some sort of
89	conflict within me.
90	SV: Uhh you mentioned previously that mindfulness, ever since the MBSR ended, uh
91	continued to become a part of your life.
92	P1: Mhm. [nodded]
93	SV: What does this look like in a given day? Could you give an example?
94	P1: Uhhm usually- in the way that I have constructed it, after all these years that have passed,
95	since 2015 uh it is something that I implement in the morning and I take a few minutes when
96	I wake up uh without getting out of bed, uhh to ground myself. To think of what I have to do
97	throughout the day and to uh to put everything in a frame that I will do it with mindfulness.
98	That I will not run around with anxiety, for this to happen. Uhh in the duration of the day if
99	uhh [looked above] if I do not have free time [raised eyebrows] usually I do not use it or I
100	may use it for example, uh in public transportation [short pause] uhh [looked above] there I

101	usually use short techniques that have to do with the breath. Uhh or with a quicker grounding,
102	so basically in the here and now but somewhat faster. More immediate actually, not faster.
103	Uhh and afterwards I use it at the end of the day, when I have finished whatever I had to do.
104	Uhh [looked above and to the right] I try to take a few minutes when I switch the lights off,
105	when I have lied down and switched the lights off uhh to leave the thoughts that are bothering
106	me uhh that's it [smiled].
107	SV: Uh and to focus a little bit more on the type of practice that you do on a daily basis, is it
108	usually informal, formal, ho- how, you said some things but what uh does this mostly look
109	like in a day?
110	P1: Uhh usually I would say that it is informal.
111	SV: Mmm. [nodded]
112	P1: Uhh there are some times, I try at least once per month, I have somewhat set a goal for
113	myself to keep it a little more structured twice per month, a little more of a formal practice.
114	So, to dedicate some more time to sit, perhaps listen to some uh some guided meditation uh
115	and for it not to simply be something that I do the time that I wake up, the time that I go to
116	bed, to dedicate a part of my day to it. Uhh but it is something that if it is to happen, I have to
117	try to put it in my schedule. While the rest of the parts that I told you are informal.
118	SV: Okay. The next question is related to your professional presence and your personal life
119	and in a way, we have already discussed some things about the MBSR and how it has
120	affected you. Uhh we can move on unless there is something that you would like to add
121	related to your professional or personal presence.
122	P1: Mhm.
123	SV: Such as which changes have happened.
124	P1: Uhh in my [looked above and to the left] in my professional presence, I think that I
125	would add uh the element of how I discuss with colleagues. Uh so uhh trying to [looked

126	above] express myself with mindfulness and my emotions but also connecting with other
127	peoples' emotions, on a professional level. Uhh it has helped me very many times uhh and if
128	there was some type of conflict or if there was some disagreement or some differences in
129	approach, uh this is something that has helped me a lot. Uh and on a personal level, my
130	interpersonal relationships have improved very much apart from [looked above] apart from
131	my relationship with myself. Uh there has been a great improvement in my interpersonal
132	relationships as well.
133	SV: Nice, thank you very much. Uh so, for the purpose of this study, we will define the term
134	of burn-out. Uhh so it will be defined as an cumulative sense of fatigue which is often related
135	to excessive anxiety in someone's work. Uh the symptoms are chronic feelings of exhaustion,
136	low energy, a mental distance from work, loss of motivation, insomnia, irritability, difficulty
137	with concentration, and reduced professional effectiveness. These are some. Have you ever
138	experienced something like this?
139	P1: Uhh I have uh experienced this to varying degrees but [looked above and to the left] I
140	think that uhh, kind of the greatest degree that I experienced it was toward the end of 2019.
141	SV: Uhh do you feel comfortable sharing a bit more about this?
142	P1: Mhm. Uhmm [looked above] it was [light laughter] I think I kind of mentioned it before
143	without knowing that you would ask me about this. It was the time that I told you there were
144	some differences in supervision [raised eyebrows]. Uh and I had kind of neglected
145	mindfulness uhh because I was trying to sort of find a balance within me and see how it will
146	happen, how I can include it and how I continue professionally, what my identity would be as
147	a professional. Uhh and it was a period of continued- continuous months when I experienced
148	a lot of stress uh until at some point toward the end of the year [looked above] uh I started to
149	feel that uh I was very exhausted. That I cannot perform anymore. I basically felt like every
150	day, I had to put in excessive effort and when I returned home [looked above and to the left]

151	it was uh like I didn't have the courage to continue the next day. And after it was the same,
152	every day every day so this was kind of increasing until finally, the holidays followed uhh
153	Christmas uhh so I took those two weeks to kind of get out of this.
154	SV: Mhm. That sounds very difficult for you and thank you for sharing it. Uhh were there
155	some strategies that you used to prevent burn-out or the possibility of burn-out as a
156	professional?
157	P1: Uhh I had tried to- to increase the time that I dedicated daily toward the end of the day
158	uhh to relaxation and to taking breaths with mindfulness uh which helped in the moment but
159	the next day, it was like I hadn't done it. So then I had to do it again uhh and I think that at
160	some point [looked above and to the left] because I saw that it was something that was
161	needed every day uhh to be maintain uhh the result uhh maybe also due to the exhaustion
162	from burn-out, I had- I stopped doing it [raised eyebrows] and I said that I would give it more
163	attention throughout the day. So to try to be mindful throughout the day, instead of just at the
164	end of the day. Uh so this brought up some difficulties [light laughter] because this
165	mindfulness of mine made me understand some of the differences that I told you about,
166	which professionally, I did not know how to handle. Uhh so afterwards [light laughter] I
167	changed the strategy and started using mindfulness at the beginning of the day [raised
168	eyebrows] but somewhat more intensively so doing it like I told you, the time that I wake up
169	I dedicated specific time, I woke up and dedicated around fifteen to twenty minutes, without
170	being in bed. Uh I would say that this time was exclusively for this [short pause] and I think
171	that ultimately, this was kind of- this helped me be able to hold on enough to be able to later
172	escape the burn-out.
173	SV: Okay. This is very much related to the next question that I was going to ask you [short
174	pause] but, has mindfulness played a role in the way that you take care of yourself, as uh a
175	form of self-care?

176	P1: Uhh it has played a big role and regarding the part that I told you just now, about the
177	burn-out but also in the sense of being able to understand and get to know my own needs and
178	get to know [looked above and to the left] or rather, have a greater sense of when I should
179	stop or when I should ask for there to be a break for me. Uhh [looked to the left] and I think
180	that, something very important is that it helped me set my boundaries and that way, to also
181	communicate them to others without feeling bad and uh in this way, helping others
182	understand that these boundaries exist. Somehow like when [looked above and to the right] I
183	learned through the training to communicate my boundaries with mindfulness [raised
184	eyebrows] uh I think that this made the biggest difference of all.
185	SV: Mm. Very interesting, uh what you are saying about boundaries, you apply this uh in
186	your personal life only uh perhaps somewhere else?
187	P1: Uh I apply this mainly in my personal life-
188	SV: Mhm.
189	P1: -but it has been necessary to apply it professionally as well uhh either with colleagues or
190	with people in higher positions than me uhh but it has also helped me with understanding
191	countertransference in a session, so to understand that the reaction I am feeling exists because
192	there is a boundary of mine there. So I think that that helped me evolve uhh in my role as a
193	psychologist but mainly I use it in my personal life.
194	SV: Mm. Um you also say that the MBSR has helped you set boundaries. Would you maybe
195	like to share a bit more specifically if there is a technique or an exercise, some particular
196	week which gave you this feeling? Um namely to learn how to set boundaries?
197	P1: Mhm. Uuhmm [looked above and to the left] it was, I don't remember exactly which
198	week but I remember it was in the second week, I mean which exactly it was after the
199	training [closed eyes] it was in the second week of the training uhh and I think that it was
200	hefo, maybe the second to lost time. In the second to lost session, I Imm when we had

201	some exercises on the ground with mats uhh and somehow all participants came together
202	much closer, because we also spent many hours together. Uhh and like I told you [light
203	laughter] kind of in the beginning I had some issues with anxiety and agoraphobia, especially
204	when it has to do with people that I do not know very well [raised eyebrows] uhh so it has
205	been necessary uhh a little bit before the second half of the day started, so we had a break and
206	we would continue into the second part of the day, uhh it was necessary to tell a colleague
207	that uh her mat was very close to my mat [smiled] and somehow this made me- I felt
208	uncomfortable and it was the first time I [looked above] said something like this, I don't think
209	that before this [light laughter] I woul- I would have the skills or I would comprehend that I
210	uh felt uncomfortable uh due to the proximity because of how close they were no- it's not that
211	I felt uncomfortable with the individual. In a way, I felt it in my body, I recognized where it
212	begins [short pause] and then I was able to communicate it. Uhh so I think that, I was actually
213	surprised with myself as well that I was able to detect it and say it.
214	SV: Thank you very much for sharing this. Now that we have reached the end of the
215	interview, is there something else that you would like to add about your experience?
216	P1: Uhh I think that I would like to add that uhh many times it was difficult for me to
217	continue my practice in a uh group setting [short pause]. So [looked up and to the left] I saw
218	that uh it helped me more as a professional and as a person uh to practice mindfulness
219	individually, in individual meetings uhh and even though I liked that after the training, uhh
220	we maintained contact and and there were some monthly meetings uhh I think that uhh the
221	way that I was able to construct it later for myself uh I at least feel like it was more efficient.
222	[short pause] So somehow I can have it uh whenever I need it. Uh but something positive that
223	I took from these meetings is that [looked above and to the left] is that I could learn new
224	techniques or if there was something, either a technique of a book that was referred to the
225	moment and I would look it up later, to search for it to see what else I can gain from it uhh

- but generally I think that perhaps- I don't know- perhaps because that's how I am as a person
- 227 and as a professional that the MBSR helps me more when uh when it is in an individual
- 228 setting.
- 229 SV: Mhm. I understand. [short pause] So, thank you very much again for your time and for
- 230 your honesty. Uh I-
- 231 P1: Thank you.
- 232 SV: Shortly, you will receive a document in your email with further information about this
- 233 study. And if you have any question, you can communicate with me, do not hesitate. And
- 234 have a nice evening, thank you.
- 235 P1: Thank you very much, have a nice evening.

Transcript of Participant #2 (P2)

- 1 SV: Good afternoon!
- 2 P2: Good afternoon!
- 3 SV: Good afternoon. How are you?
- 4 P2: Hello. Good, I am good, how are you?
- 5 SV: Just fine. Uh thank you very much first of all for your participation in this study uh-
- 6 **P2**: You're welcome.
- 7 SV: Uh you have completed a document with some demographic information and some
- 8 informed consent documents. Uhm [short pause] before we begin-
- 9 P2: Yes.
- 10 SV: -I would just like to inform you again that this interview will be video recorded. Uh and
- this file will only be seen by myself and my supervisor, Dr. Koliris. Uh and after two weeks,
- 12 it will be permanently deleted as soon as the transcription and analysis of the data has
- 13 happened. [short pause] Uhh and-
- 14 **P2**: Okay.
- 15 SV: -at any time if you feel that you would like to withdraw and stop, you may. [short pause]
- 16 Uhh so-
- 17 P2: Okay.
- 18 SV: -we will begin, I will ask you some questions and if you can, respond as honestly as
- 19 possible- I would appreciate it a lot.
- 20 **P2**: Sure thing. [smiled]
- 21 SV: Very nice. Uhh would you like to share some information regarding your experience
- 22 with the MBSR program?
- 23 P2: Uhh information uhh [looked above and supported herself on her hand] yes. I had done it
- 24 [looked above] before some uh years. Basically, I had gotten to know mindfulness in my
- 25 master's where name has been removed for confidentiality purposes [smiled] along with

- above and to the left] Mindfulness Center uhh had done an introduction and that's when I was
- 27 enchanted [smiled] and I said that for sure, I want to try it. And after, I signed up for the
- 28 seminar and it was an [short pause] [looked above and to the right] important decision, I
- 29 think.
- 30 SV: Very nice.
- 31 **P2**: Should I say something else? I- I don't know.
- 32 SV: Uhh which was the- the impact of this program for you, if there was any?
- 33 P2: Uhh on many levels uh mainly on a personal one I would say uhh it really helped me
- 34 [looked above] to be able to keep a distance from emotions and to not panic. So [short pause]
- 35 [looked to the left] especially the practice, the face that I committed and every day I did the
- 36 exercise let's say uhh I think that it helped me very much to be able to gradually get into that
- 37 state automatically and to be able to- in difficult times [raised eyebrows] to keep a distance.
- 38 Because in general, I am an anxious person [smiled] so it helped to like- to find a core within
- me and to observe myself without [raised eyebrows] having to do something. And- and a
- 40 sense of relief kind of, this break, this phase. Uhh so first on a personal level, it helped me
- 41 and then also on a professional level uh when I was able to better observe how I feel in my
- 42 work as a psychologist uhh and to- to allocate a little more time to not uh [looked above]
- 43 have to fill in, let's say, the silence, the void. I could handle uhh a difficult emotion or the
- 44 awkwardness let's say or the anxiety. [nodded]
- 45 SV: Mm. Thank you very much.
- 46 P2: That's what I would say.
- 47 SV: Uh were there differences in your mood before the MBSR in relation to after?
- 48 P2: [smiled] When I was experiencing it then, it was pretty intense, yes. So what I said
- 49 before as well about a much better relationship with anxiety uhh [short pause] [looked above]
- 50 I don't- so I was able to manage the fact that previously let's say, anxiety overwhelmed me

- 51 [turned her head to the left] uhh I coul- I began to [movements with her right hand while
- 52 speaking] observe more and take this distance and it helped me very much with my quality of
- 53 life, especially then. I say then because [smiled] now it's been years since I have done it and
- 54 the trust is that I have kept a distance from all of this lately, unfortunately. I don't- I don't do
- 55 the practice anymore like I did it before and [looked above] it is a little more difficult again
- 56 but I feel like mindfulness is a refuge [smiled] and that it is [looked to the left] something
- 57 important for me. To go.
- 58 SV: Uh you already said some positive outcomes but are there some others that you can think
- 59 of, outcomes of the MBSR which were positive for you?
- 60 P2: Mm. [short pause] Okay for sure the integration into the mindfulness community was
- 61 very positive and it continues to be because we maintain contact with the- with some people
- 62 [smiled] that we did the training with. We do [looked above] at least, until recently we did
- 63 monthly meetings so we kept some contact and- I don't know, I think that there is another
- 64 type of quality and another bonding with this group because it is not [looked to the left] a
- 65 seminar that's kind of more surface-level or knowledge-based, it is very deep [raised
- eyebrows] this whole thing that you share with others. And also [looked above] something
- 67 that I didn't say, now I don't know if it is in this question but [movements with her right hand
- 68 while speaking] generally about the MBSR, the- the moment of the silent retreat is magical to
- 69 me
- 70 SV: Mm. [nodded]
- 71 P2: So since I followed the training, I have gone to almost all [movements with her right
- 72 hand while talking] silent retreats which have happened after, because they are open to grad-
- 73 [looked above] to previous members. Uhh and for me it is [looked above] magical, what
- 74 happens there. With the silence.
- 75 SV: How often does these happen after- after the MBSR?

- 76 P2: It wasn't that often, one or two times per year, it must've been? It's just that then
- 77 coronavirus came and okay. [light laughter]
- 78 SV: [light laughter]
- 79 P2: All of that stuff was lost unfortunately.
- 80 SV: Did you follow the program online or in person?
- 81 P2: It was in person. [nodded]
- 82 SV: In person. Uh are there ways in which mindfulness is useless or difficult in your life?
- 83 P2: Difficult, yes. Now useless, I don't think it is. Uhh [looked to the right] it is difficult
- 84 because, I don't know what happens, I think that the mind [looked down] somehow wants to
- 85 escape, it doesn't want to- let's say it's difficult for me to commit and put it in my daily life.
- And it's length [looked above] it's difficult for me that it lasts so long and kind of in the diff-
- 87 in the fast pace of life [movements with right hand while speaking] let's say, with so many
- 88 things that I do, I feel like it is difficult for me to put all of this back in, let's say. [supports her
- 89 head with right hand] Uhh it makes me sad though that I keep- that I don't have it in my
- 90 schedule, that.I uh don't- [looked to the right] that I have kind of forgotten it. [short pause]
- 91 SV: Uh the next question is very much related to what you just shared. Uh if mindfulness
- 92 continued to be a part of your life after the MBSR.
- 93 P2: Mm. [touched her face with her right hand] Okay [smiled] I think that mindfulness is
- 94 completely opposite with our way of life, in the big cities. So it has to be- it is like a
- 95 revolution, to say it in a funny way. [light laughter] It is like a sort of revolution, you have to
- 96 go very much against the- [looked to the right and left] the demands of daily life to the- to the
- 97 pace and say, hold on, I will- I will do this now, I will put this in my life and I don't care,
- 98 even if my phone rings, even if- even if- it doesn't matter if people are texting me or if uh-
- 99 something wants my attention. I have to dedicate- [raised eyebrows] I am here for me. This
- 100 whole "I am here for me" is very incriminated with guilt.

- 101 SV: Yes. [nodded] Yes. It is an obstacle, from what I here, this. Are there other obstacles that
- 102 you have faced?
- 103 P2: In terms of having it in my daily life, even now?
- 104 SV: Yes.
- 105 P2. Mm. [short pause] Okay this difficulty to commit to it uhh so that, the difficulty to
- 106 commit.
- 107 SV: Uhh is there some informal practice in your daily life? Perhaps in the bath or on a walk?
- 108 P2: Okay maybe there are some times when- when I might say "take a breath" but it might be
- just for one second. It's not like I would do a whole informal meditation let's say.
- 110 SV: Mhm. [nodded]
- 111 P2: But I remember that woah, now it's getting to you uhh take a breath, keep a distance, see
- what's going on, kind of get out of it. Uhm there are flashes of clarity let's say. [smiled]
- 113 SV: Nice. Umm has mindfulness resulted in any changes in your professional presence?
- 114 P2: Yes. Uhh what I said before as well. [short pause] That somehow it helped me to- to
- 115 [looked above and to the right] not be as anxious, to follow my own emotions a little bit
- more, uhh to not need to respond, to react [movements with her right hand] to something that
- let's say the client is telling me. Uhh [looked above and to the right] to- feel more okay with
- 118 silence, like I said before. With silence, with the void. Uhh and certainly it gave me tools as
- well [raised eyebrows] which I can use uhh with clients let's say.
- 120 SV: You said-
- 121 P2: So I have used it-
- 122 SV: Oh, sorry. You also mentioned before that it has helped you to take a distance.
- 123 P2: Yes. From my anxiety in that moment, let's say.
- 124 SV: Yes.

125	P2: Uhh now I have to- or what kind of comes out in us that we need to give a solution, that
126	the other person throws the ball for you to say something now [raised eyebrows], to guide
127	them so there, [looked to the right] I started to feel more okay with, "woah now you are
128	stressing out, it is your anxiety" So mainly recognizing my own things. Uhh it helped me.
129	Where do we intervene in that moment. That distance.
130	SV: You also previously mentioned some uh personal changes let's say in your personal life.
131	Is there something else that you would like to add to that?
132	P2: Mm. [short pause] [looked to the left] I don't know. [light laughter] Personal life I
133	think that generally uh my sense of feeling uhh it has affected my sense of feeling with
134	myself, with how I feel about being in the here and now [raised eyebrows] that here and now,
135	let's say, uhh it has become key for me. These thoughts about the future, because generally I
136	was and I still am, a person who thinks a lot. I am very much in my mind. I am very- I have a
137	lot of anxiety in general. Uhh I think about the future [smiled] uh that has helped me, so it is
138	like a key for me, the here and now, and the "live in the now, live in the moment" or being
139	able to appreciate a beautiful moment more [smiled] to focus on it, to not start to think about
140	what I will do after, just leave the after. So somehow inside of me, [looked to the right] to be
141	able to see that, I do it [short pause] and I bring myself back. This feeling of bringing myself
142	back and this anchor in the here and now and on my breath and in my body as well [raised
143	eyebrows] I am saying there one at a time now, they are coming to me one at a time [light
144	laughter].
145	SV: [smiled]
146	P2: Uhh and contact with the body very much [raised eyebrows], it has helped me very much
147	because [short pause] [looked to the left] let's say, back in the day, I had done uh [looked
148	above and to the right] yoga and meditation within yoga. Let's say that, the meditations there
149	were more about visualizing something [movements with her right hand] to visualize that you

150	are somewhere, that you have something- that you are traveling let's say uh- what I like about
151	mindfulness is that you do not travel, you are not elsewhere, you are here. You don't go
152	anywhere, you stay here. And on the one hand, I saw how difficult that is, to stay here, but on
153	the other hand, how much this grounding sensation [smiled] can create in the body and in the
154	mind that you do not have to go somewhere else, you are here now. And if it is difficult, go
155	ahead and take a breath. [smiled] This whole thing uhh no other method or technique had
156	given me this until that point, this connection with our body. [nodded]
157	SV: Good and do you feel like these changes have stayed with you even now?
158	P2: [raised eyebrows] Yes, certainly. I feel like I cannot separate it, what is from the MBSR,
159	what is from the psychotherapy let's say that I have done, what is from my life experiences. I
160	feel like everything has become one, everything that I lived the past years let's say. [short
161	pause] I think that it is also a philosophy of life, like it has all gotten into my philosophy. A
162	way of life. [nodded]
163	SV: Very nice. So umm for the purpose of this study, I will define burnout, uh which will be
164	defined as a cumulative sense of fatigue, which is often related to excessive stress in
165	someone's work. Uh and the symptoms are chronic feelings of exhaustion, low energy,
166	mental distance from one's job, loss of motivation, insomnia, difficulty concentrating, and
167	reduced professional efficiency. Uh have you ever experienced one of those symptoms?
168	P2: Certainly. [light laughter]
169	SV: And if yes, which one? [light laughter]
170	P2: Certainly and the feeling that I am not efficient and that I don't- now I don't remember
171	[movements with her right hand] the way that you said it [light laughter], I lost it. But uh that
172	my mind wants to escape and not be engaged with work uhh a sense of quitting uhh [short
173	pause] generally how I feel at work really affects me, how I feel afterwards generally affects
174	me. So I carry all of this emotion afterward and this exhaustion and the- And a lack of

198 prevent burn-out?

purpose somehow, that "what am I doing, I am not doing anything" let's say, in my life, if I
am not doing something that I like, for it to be mine, to give me purpose. And okay, mostly I
connect it with certain work contexts that I have worked in and this year, where I work is
very, very difficult so [short pause] I also connect the whole burn-out thing with the
conditions.
SV: Mm. [nodded] Would you like to speak a little bit more specifically about these
conditions?
P2: Yes. Uumm [looked up and to the right] now this doesn't have to do with mindfulness,
right? No-
SV: Uh it's about burn-out and if you have felt, yes- the symptoms-
P2: Burn-out. Uuum [looked to the left] About the burn-out, yes. Okay I work in the public
sector, in a school. Every year, I am somewhere else of course. Uuum [raised eyebrows] and
these conditions are pretty exhausting [looked above] the whole, every year, go and learn
another context, new faces, new children, and as soon as you kind of get to know things and
get into a rhythm, the year is over and you leave. This is something very fundamental uhh
also many organizational issues, so the fact that at work, I don't just have to be involved with
my work or with the children's' needs but I also have to be involved with the needs of the
principle, needs of the teachers, the problems about no classrooms existing, infrastructure.
Uum someone has confused what a psychologist does [smiled] I don't- I don't exactly know
that I have to constantly clarify my role because it is very misunderstood uhh in the schools
or anyway it is not clarified uhm all of this has created a lot of damage generally. [nodded]
These conditions.
SV: It sounds very damaging, the truth is. Uh are there some strategies that you have used to

199	P2: [light laughter] Okay this year uhh because I am experiencing something uh- okay this
200	year I am working in special education, there is nothing more difficult from what I have seen
201	all these years. For me the strategy is that somehow, I turn off the switch, I don't- so when
202	work is over, goodbye. It is closed, it is none of my business. I do not take whether the work
203	happens or not personally because I know that work will not happen, as futile as that sounds,
204	somehow I have accepted that these are the conditions, I cannot change them. I do the best
205	that I can, it may not have any result at all, but what can we do now. So kind of like that, I
206	have a sense of numbness in a way [fixed her glasses] uh and I do not carry, this along with
207	me. Uhm generally though uhh to- to be able to accept that you are not a savior, uh I think
208	that it is the most important part of my job. Uhm it is not easy but when- when you manage to
209	do it [smiled] it is very important. And to say that, small, small steps, small goals [smiled],
210	small victories. That is a strategy. And also to focus on the children. Namely to not focus on
211	the principle and how they manage certain things let's say that I may disagree with and for it
212	to affect me but to focus on- on my relationships with the children that I see that maybe
213	something is going well, even something small let's say. A smile, a hug, let's say. [smiled]
214	SV: Has mindfulness played a role in the way that you take care of yourself?
215	P2: Mm. [short pause] Uum I think at home mostly so where I have the space and the time
216	for me, umm I can think that "aaah let's say today I need to sit with myself" or "I need to
217	watch a nice movie" so to have closer contact with what I want, what I need. It has definitely
218	played a part in that.
219	SV: Very nice. Uh is there something else that you would like to share regarding your
220	experience?
221	P2: Mm. [short pause] Uum, what can I say. No, I think that I have said [short pause], yes.
222	Generally how difficult this all can be has made an impression on me or how-how many
223	obstacles we put in front of ourselves to not practice let's say [smiled] to not uh- it's in the

- 224 here and now. Anyway, we have many obstacles but also how much we sabotage ourselves
- from that, I mean if you say that, I will try it, I will get into this mindfulness state, umm truly
- 226 it is very helpful, it is liberating, I would say. And how much it is worth it ultimately, to do it.
- 227 [smiled]
- 228 SV: Thank you very much. Uhh we have gotten to the end of the interview. Thank you very
- 229 much for your time, your honesty.
- 230 P2: You're welcome. Good luck with the research.
- 231 SV: Thank you very much. I will send you another document as well via email with some
- 232 more information regarding the study and if you have any question, do not hesitate to contact
- 233 me.
- 234 P2: Okay. Have a good day and good luck.
- 235 SV: Thank you very much.
- 236 P2: Bye.
- 237 SV: Goodbye.

Transcript of Participant #3 (P3)

- 1 **P3**: Hello.
- 2 SV: Good afternoon. How are you?
- 3 **P3**: Just fine, and you? [smiled]
- 4 SV: Very well. [smiled] Thank you very much for your- for your interest first of all and your
- 5 participation in this study. Uhhm you have already completed a form uhm with demographic
- 6 information and two informed consent forms. Uhh you will also send the completion
- 7 certification of the MBSR uhhm of which you you have taken part in. Uhh so before we
- 8 begin, I would like to inform you that this interview will be video recorded for transcription
- 9 purposes and for the purpose of analysis. Uhh only I will have access to this video as well as
- 10 my thesis advisor, Dr. Koliris. And after two weeks, the file will be permanently erased. Uhh
- 11 if you would like to stop at any time, you can. [short pause] Uhhm so I will ask you some
- 12 questions and I simply ask that you respond honestly, openly, and expand as much as you
- 13 can. Details are welcome. [smiled] Whenever they fit in your experience anyway uhh so let's
- 14 begin. Would you like to share some information regarding your experience with the MBSR
- 15 program?
- 16 P3: Uhhm the question is a bit general. Uhhm [short pause] my experience in the MBSR
- 17 umm [looked above and to the left] came about through my psychologist, I did psychotherapy
- 18 [touched his hair] and I discussed a lot about the here and now, which I had discovered
- 19 through a personal experience how important it is for someone to live uhh in the here and
- 20 now. [looked above] Uhh so though her, I found the Athens Mindfulness Center uhh and I
- 21 participated in the program. [looked above and frowned] My experience was very good.
- 22 [short pause] Uhh I imagine that the questions that follow will have more details about this,
- 23 so this is why I am not expanding.
- 24 SV: Yes. We can move on to the next question which is more specific. Uhhm so which was
- 25 the impact of this program for you, if there was any?

26	P3: Ah there was a huge impact. [touched his hair] At this moment I am a teacher uhh
27	[looked above] [short pause] at name has been removed for confidentiality purposes, trained
28	at the university of name has been removed for confidentiality purposes. Uhh [looked above]
29	it was exactly what I wanted uh I had experienced a very exceptional, personal experience
30	[short pause] umm which showed me that, now I will use some big statements, but it was also
31	a big experience, uhh that the meaning of life is found in the here and now. Uhhm it was a
32	very special condition of my life that allowed me to be liberated from the future because the
33	future was lost. [smiled] All of my dreams sort of had uhh [touched his hair] I had to redefine
34	them. So therefore, through this situation, and for some other reasons, I concentrated on the
35	here and now and uhhm [short pause] it was a revelation for me. I think that I have strayed
36	away from your question uhh so when the MBSR program came along uhhm I had the
37	experience of how [raised his eyebrows] incredible it is to live in the here and now, but I did
38	not have the tools. And the MBSR gave me those tools. And thank God, something that I did
39	not expect to [short pause] [closed his eyes] to find is that an educational system supported
40	uhh a truth of life that I had experienced, and it was very, very deep.
41	SV: Mm. [short pause] Thank you very much. Uhhm do you feel comfortable to share
42	something more about this experience or perhaps is it too personal for you?
43	P3: You make me feel comfortable. [light laughter] Uhh but as you understand [touched his
44	hair] perhaps already, I am very excited by all of this- the path uhh and I could expand- I do
45	not know what to expand on. Uhhm [looked above] [short pause] ever since I completed the
46	MBSR- would you like me to tell you about my path from the MBSR and afterward?
47	SV: Yes.
48	P3: [short pause] Uhh ever since I completed the MBSR, I am determined to become a
49	teacher without even having followed it. Uhh immediately, the collaboration with name has
50	been removed for confidentiality purposes and name has been removed for confidentiality

51	purposes came [smiled] uhh and fortunately they accepted, uhh I went and followed two
52	retreats abroad, one at Gaia House in England and one at Plum Village uhh which you may
53	know, Thich Nhat Hahn founded it and he is where mindfulness came from. Jon Kabat-Zinn
54	had gone-
55	SV: Mhm. [nodded]
56	P3: -and he was introduced to that philosophy uhm [looked above] Uhmm this path was very
57	interesting, I want to- to insist on the fact that I had experienced this personally, organically,
58	and this is what gives me the authenticity of the experience. Afterward, whatever training I
59	have done, I make sure that- that it coexists in a way and reinforces the personal experience
60	that I have and the personal opinion that I have. I consider that fundamental and I can give
61	that to you as advice uhh as well uhh first of all, for you to rely on your inner guidance.
62	Uhmm [short pause] I have a lot to say, I am also a teacher now [light laughter] and stop me
63	or guide me when- but I want to say this as well. I have studied to be a mental health
64	counselor uhh in the person-centered theoretical approach of Carl Rogers. Carl Rogers,
65	amongst the many, very important things that he has said, has noted that above everything is
66	personal experience. Above any kind of teaching, above anything external, even above the
67	idea of God. No- I am putting it this way, I don't know how he has formulated it, but I
68	believe that personal experience and the substance of God are the same thing. [smiled] I took
69	things very deep now. [laughter] Uhh anyway, what I want to get at is that personal
70	experience is everything. That is, kind of like "Doubting Thomas", we always have to check
71	whether what we are hearing, what we are accepting with the best mood and with all of the
72	wisdom of the teachers who give it to us, whether that fits with our personal experience. And-
73	and to never lose the freedom of uhh our inner self. If we uhh [looked above] we don't
74	experiment uhh if we do not play with what is one of the ideas that develops in mindfulness
75	uhh with that- that courage and that childishness- I am telling you this because- I have studied

76 for many years, I have relied on the training, but this has the risk of uhh becoming a mask. 77 That's why it is very fundamental to break this mask, to always be in touch with ourselves, 78 and I am also afraid of seriousness, I cannot handle that very well. I have very much 79 depended on my childhood identity uhhm one of the meanings of mindfulness is uh to view the world with beginner's eyes. For me that is uhh because I had experienced it [raised his 80 eyebrows] in the event that I told you about in the beginning, it is viewing the world the eyes 81 82 of a baby. 83 SV: Mhm. [nodded] 84 P3: We owe it to, in quotations, view the world like that because only then we can get out of 85 the world that has given us the mind and has a false sense of stability. And we experience the 86 world truly as it is. We experience the world always with a sense of freshness. So uhh if you 87 try it for a bit to uhh to see the world with fresh eyes, the world is always there, and it is like 88 new. Uhh the issue is how much can you delve into a mindset of a baby and let go of your 89 mind. When I was going through the experience that I described in the beginning, which was 90 a shocking experience, I had become very scared because at some point [short pause] I had entered far into the experience of the here and now and I felt like I was drawing away from 91 92 what I knew as 'the self'. This wasn't my self, it was my mind. But I remember because I was 93 in a psychotherapeutic program, in my training as a mental health counselor, and I told my 94 psychologist who was there, I was kind of in a crisis situation at that time and I was telling her, "I am losing myself". But this is very important, if- if you proceed further into 95 96 mindfulness and it is not on a surface level which is educational, uhh it is part of the process. 97 The idea that we have of ourselves uhh is based on thoughts. And as you proceed into 98 mindfulness, you will understand that thoughts do not tell the truth. Thoughts are social-99 social constructs so that we can fit in with uhh the people around us and we are forced to-100 somewhat to maintain thoughts that we haven't even checked, and perhaps sometimes, and as

101	you proceed further into mindfulness you will see this, you will realize that they do not tell
102	the truth. But this fear of- not being excluded, not uhhm- to believe that I fit in, it is very
103	difficult to liberate ourselves and function- mindfulness helps with this- with this liberation.
104	[light laughter] Have I driven you crazy?
105	SV: [light laughter] No, not at all. Uhm I heard what you said previously about the beginner's
106	mind, an important element of the MBSR. Uhh is this something that you developed after the
107	completion of the program or it is something that you had before?
108	P3: No, I consider this very fundamental, very fundamental. Uhh [looked above] when I had
109	that experience, that- now I will tell you some of my dreams. Having gone through uhh that
110	experience of living in the here and now, I firstly tried to decode it for myself. And what
111	came to my mind as a thought [scratched his neck] is 'baby in the here and now'. This
112	described the situation that I was in and that, and solely that, helped me maintain that
113	experience. But only that had the power to keep the substance uhh of what it means to live in
114	the here and now. To me, baby uhh means getting out of my mind. And I had seen since the
115	beginning, since I wanted to experience what the here and now is like, I said, "so that you can
116	do this, leave your mind for a bit, feel what it is like to be with your body, from the body and
117	down, from the neck and down" and through that state, I truly found myself in paradise. So
118	the world outside of the mind, it's the world that animals experience which are-which are all
119	beautiful and peaceful. Uhh [short pause] so the meaning of the baby is very personal, very
120	personal, very strong, very difficult to maintain down the line. It deteriorated as time went on.
121	And when I entered the training, since the beginner's mind is one of the principles that
122	Kabat-Zinn mentions, it is- it is not- it is not strong enough. To me, it is a central point. It is
123	when- every time you feel like a baby in the here and now, you truly come back to the here
124	and now liberated from thoughts. Uhh if I am able to implement this way that I view
125	mindfulness, it would be uhh- the basis of what I will develop. It is connection. On the one

126	hand, uhh we uhh every person has the eyes of a baby [making movements with his hands],
127	right? And on the other hand, what they see is the here and now. The here and now speaks.
128	[light laughter] The here and now speaks. So- and that is fascinating. Uhh it's not like you see
129	with the eyes of a baby and you don't see anything. When you see with the eyes of a baby,
130	what do you see in front of you? Especially when you're outdoors- and I had the luck and
131	maybe that's why I was able to- I was in Nea Makri when this happened. So I had the chance
132	to- to experience the here and now in an outdoor environment. Nature is something-
133	something like God. I won't- I won't expand now on everything [light laughter] uhh anyway
134	when you open your eyes without thoughts and simply look, what you will see is flowers,
135	trees. You will feel the breeze uhh you will see colors. Perhaps a scent. Uhh I see a mountain
136	across from me now, it is very easy to see mountains. It is very easy to see the sky. It is very
137	easy to see clouds. [short pause] All of these things uhh are gorgeous and they talk to you
138	about beauty- it was the first thing they talked to me about. The first thing they told me was
139	how beautiful the here and now is. After, you will experience this through mindfulness, peace
140	comes as we move away from thoughts and enter more into reality. I don't want to expand-
141	the only thing that I will say is that near all of this uhh maybe the same thing uhm as all of the
142	reading I am doing now, they say that meanings that we have separated, represent the same
143	thing. So I will now tell you that beauty, peace, love, are the same thing. And joy.
144	SV: Mmm. [nodded] Very nice. Thank you very much [light laughter], what you are sharing
145	is very substantial. Uhhm I would like to also ask you a question related to your mood, so if
146	you can think of the time before you entered the MBSR for the first time compared to after,
147	uhh if you saw any changed in your mood, specifically.
148	P3: So, here's the thing. [looked above] [short pause] I have a predisposition toward
149	depression, very mild, I am not- I am not diagnosed. I have been to a psychiatrist, he didn't
150	think that it was something serious but it has been persistent throughout the years. I think it is

151 the- the stage following anxiety. Uhhm. [short pause] What has truly helped me in terms of 152 this was not mindfulness, it was the baby in the here and now, baby is a synonym of joy and it is what- [looked above] for instance, when I say "joy in the here and now" it is like giving 153 myself an order and I do not- I do not uhh respond. When I tell myself "baby in the here and 154 now", I feel what it is like to be a baby and I experience joy. So essentially, regarding my 155 156 mood, uhh this helps me more. I want to be honest. Mindfulness helps, mindfulness helps in 157 another way, in terms of disidentifying you [raised his eyebrows] from the emotions that you 158 are feeling. [short pause] Uhh and all of this softens the dysphoria, it gives stability, it gives 159 optimism, it gives strength, uhh- You know what happens? Since what I will tell you is also 160 educational, accompanying stress also comes with it and it follows me during my training. So on the one hand, mindfulness gives me all of these uh attitudes that cultivate joy, but because 161 162 I am a teacher as well, I follow this path with the anxiety of the person who is being trained. 163 SV: Mhm. [nodded] 164 P3: Uhh so [short pause] [looked above] I will say this in two statements: mindfulness did 165 not make me a happy and blissful person, even though it shows me a path that leads toward that, perhaps many more years are needed for me to- for me to get there. But it helped me 166 disidentify and better comprehend uhh that the depression I am experiencing is not me. And 167 the happiness that I am looking for [short pause] is not something in the future, it is 168 something else. It is better that I don't say, that I don't analyze this as well. If you want, I will 169 but we'll see, whatever you want. Uhhm so it helps me understand things better. Mindfulness 170 gives clarity. Uhh and in terms of seeing, but to see uhh has very much to do with perceiving. 171 172 It is not solely a biological function. You see clearly. "Clear view" is a concept of Right 173 View, a concept of Plum Village, of the- of the Buddhists who taught mindfulness to Jon 174 Kabat-Zinn. But I find my happiness through the baby in the here and now and I truly 175 struggle, like since the years that I experienced the condition of the baby in the here and now,

176	along the path I lost it, I went through some difficulties but mainly it is the condition of the
177	world, it is the mind that you function with and it puts you back into its own gears. [making
178	movements with his hands] Mindfulness supported me gradually, it did not get me to the
179	baby in the here and now but through mindfulness and through the retreats that I did, I found
180	a significant book that supported me quite a lot and still supports my practice such that- and
181	now again and again uhh I cultivate the baby in the here and now, I consider it very-perhaps
182	it is personal, perhaps it is something that will help the whole world. But that is what I lean
183	on to lift my mood. Baby in the here and now, or to say it in another way, mindfulness says
184	this too but I can only mention it like this, it is forgetting both the past and the future and only
185	living for the present. I can only manage this when I believe uhh that I have made the
186	decision to function like this. Mindfulness does not- does not help me, even though
187	the principles speak about the same thing, and support this belief of mine, it is not enough for
188	me to live like this. With so much joy.
189	SV: I understand.
190	P3: Perhaps I am confusing the results that you will have. If you want me to make it easier
191	for you, you make to ask more specific questions. [light laughter]
192	SV: It is important that- that you share your experience honestly uhh as you are doing now.
193	P3: It was uh- my experience with mindfulness was defining uhh because it gave me the
194	tools. So uhh [looked above] I cultivated it afterwards too with special readings but I have
195	learned uhh, I will tell you like I do it now through my practices which I have deepened a bit
196	more uhh I hold onto my mind. I can- I can stay with my mind, the saying is the
197	following, "my mind is holding on". So my mind uhh can differentiate between thinking
198	[short pause] and holding on to. These are told that started using from mindfulness. And they
199	are defining, just like the breath. So the mind for people, it's the anchor. And only
200	mindfulness can uhh [short pause] creating a huge sense of insecurity of course, it can take

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you from this anchor, from this foundation that you have as your life and teach you to support yourself on a foundation that is healthy. Mindfulness provides defining things. It's just that for me, it's the alphabet. Then you have to do your own work, you have to- have to issince "have to" is a very bad phrase [light laughter] and I have- I had it a lot in my life, but there is also a "have to" that is, "I want to take care of you, I think that that this is very nice and I want to offer it to you". I mean it in this sense. Not to you [laughter], I don't have the courage to offer this to you so personally uhh I am speaking in general. SV: Okay. Uhh are there ways in which mindfulness is irrelevant or difficult for you? P3: No. No uhh [looked above] Ah- from any- from any perspective, mindfulness is a mirror, uh listen, like I told you, I have had a very strong personal experience uhh so then, whatever mindfulness says, it is something that will either strengthen the experience or it is something that I do not find very important, I remember having seen something wrong in mindfulness perhaps uhh some things in the ways that the MBCT program is taught and not the MBSR, which makes me cautious because it very much relies on the functions of the brain and I am afraid that even though it wants to liberate from the mind, there is a brain-ness that does not resonate with me. But even this way, and every little thing uhh helps me to- to better understand what is real. Do you understand what I'm saying? Even the things that contradict what I believe, uhh because I really respect training, every training that I consciously attend, and this training, I will think a lot if I hear something that I disagree with, and it will strengthen what is real within me. So even the points that I disagree with-which-don't-I was very at peace in the MBSR, the MBCT gave me a bit of a hard time because- because I had the tendency to escape from the mind. [touched his ear and looked above] I felt like it was guiding me back there but ultimately, you cannot escape the mind, in the sense that the mind, and the MBCT teaches it well, the mind is destined to function in different way. The mind is a useful tool. And the MBCT slowly takes you there. But it is like having an atomic bomb in

226	our hands. It is very difficult to handle it and uhh I don't know about you but I have been
227	injured many times, purely by my mind.
228	SV: Mm. [nodded] Okay. Uhhm so moving onto the next question, you have already said that
229	you are now teaching an MBSR, correct?
230	P3: Mm yes, I did the first program. Not the MBSR, the MBCT. It's uhhm [short pause] I
231	will tell you the English words, because the translation is not coming to me now. It is
232	mindfulness-based cognitive therapy training for life uhh the MBCT originally had been
233	created for depression. Now it is specialized, or rather a branch of it and what I studied, is
234	mindfulness based on cognitive therapy for life. It is directed to the general population and
235	instead of only dealing with how to deal with difficult emotions, it also focuses on how to
236	stay with positive emotions.
237	SV: Mhm.
238	P3: Would you like to speak- I don't think that this is your question. To tell you about the
239	MBCT? No.
240	SV: Mainly- it sounds like mindfulness has continued to be a part of your life-
241	P3: Of course uhh- listen. I am dedicated to it. It is the most important thing [light laughter]
242	above everything such that it's my guide to live, especially with the training, with the practice
243	that I am doing now- But yet it is of highest- of highest importance to me.
244	${\bf SV}$: Aside from- aside from the professional level, uhh personally, what does this look like in
245	a given day for you? How do you use mindfulness in your day?
246	P3: What I wanted to say is that primarily, it is personal and the secondary benefit, if you
247	would like, is professional. Which of course I am very grateful for because it greatly
248	strengthens my personal practice. Uhhm when I had gone to Plum Village and listen to- the
249	Buddhist man, the teacher who gave mindfulness, Thich, uhh I understood that this person

and the monks who were being trained by him, began their day practicing and they did-this

250

251	was their entire day. [raised his eyebrows] [short pause] This isn't that difficult. Uhh in a way
252	it opened me up to practicing throughout my day. I needed it, I needed it, I realized that the
253	way that I- I am living and I don't believe that all of this is personal, we all live like this, is
254	based on some thoughts, uhh and for people like me who have depression, it harms them. So
255	either I would go through my day like I did untl then, uhh normally, me thoughts that bring
256	me uhh bring me toward depression, unavoidably. Because in mindfulness we learn that even
257	if you are having a happy day, uhh especially for me, it will reflected that this is a day that
258	will pass and the opposite will come. So there is not salvation. Gradually, you understand that
259	relying on happy days, uhh you are still in the "opposite", you are still in the uhh vicious
260	cycle. Uhh these are very interesting elements that- that mindfulness is associated with. Thus,
261	to convince myself to practice from morning to night, so what did I do? I came very simply
262	for me, because I was ready for all of this, and I had the predisposition toward depression, I
263	started doing sitting meditation, from the morning.
264	SV: Mm. [nodded]
265	P3: So I started my day- uhh I focused on my breath first of all, then on sensations in my
266	body uhh and then having my eyes open of course, I focused on my sensations one by one.
267	And when I finished this practice, I continued to go through my day and when I felt weakness
268	again or that I missed my practice, I did another practice like this again. Throughout the
269	years, this way changed, the practice that I do every day changed but I believe that going
270	through my day as a practice will never change. And there is not other way, believe me, it's
271	like [short pause] either- either you live in the pathology, so what do you do? Either you rely
272	on your mind and your thoughts or you rely on the practice. We don't tell this to trainees but
273	for me, some things come and end and become so simple. Uhh [short pause] yes, that's it.
274	SV: Uh has mindfulness led to some changes in your presence as a mental health
275	professional?

276 P3: Uhh yes. [short pause] What I will tell you is that my classmates when I was attending 277 the MBSR, uhh they commented that I was presenting huge differences as a human being. 278 That I was evolving, that I was becoming stronger. Uhhm you asked me as a mental health 279 professional but I wanted to tell you that in general, my personal has become stronger. As a 280 mental health professional, I was trained in a different approach, of course I had the- the luck, 281 that one helped the other so that Rogers's approach helped me to- to understand the value of 282 the here and now because it is a basic element of counseling. Uhh and after uhh it allowed me 283 to, because it only relies on three uh conditions. Are you aware? Uh I don't know uh- it relies 284 on-285 SV: Tell me. 286 P3: It relies on- on acceptance, so what is needed when you are- when you offer counseling 287 to your client, it's to have acceptance toward anything that they bring you, to have empathy, 288 and to be yourself, to be authentic. Uhh so- essentially that, it is very close to the observer 289 that we learn from mindfulness and I had realized what I was searching for even more so in 290 my sessions, is to be present. That presence is very important. Uhh I have been trying for years now to enter a session as an observer uhh the truth is that I am not able to. I am in touch 291 292 with myself, I am in touch with my client. I am in touch with the three conditions. Uhh I truly 293 enter into therapy uh [short pause] I am talking a lot I'm sorry uhhm to- to- to answer your 294 questions again, yes it helped but not in a specific way. It added, if you like, these three 295 conditions of Rogers: acceptance, empathy, uh authenticity. And presence. 296 SV: Mm. [nooded] 297 P3: Mindfulness is very much uhh about being present. And by cultivating it independently 298 from counseling, I learn how to- indirectly, it didn't- it didn't work, to say that I will go in 299 there and I will be an observer didn't work, I get very involved with my clients. And I learned

how to- to reconcile with- to reconcile with that. Because it was not the way that I had

P3: Yes. Sorry, I talk a lot.

301 imagined that counseling was like but the past year uhh I have been working very 302 systematically and the level of therapy that I offer has changed uhh I feel very substantial, 303 much more concise in what I say, much more simple and that brings things out of the client 304 too so I feel that therapy goes into more depth and I have experienced very nice moments this 305 year. I have struggled very much as a counselor. Very much. 306 SV: Mhm. 307 P3: Uhh because what I was doing was amateur and I have the thing that goes together with 308 depression and anxiety, perfectionism. And I fought very hard to gain satisfaction, so that 309 [short pause] I don't feel that I am not offering something to my client, and to me, not 310 offering something is almost a synonym to to harming them. I have a lot-those are my 311 pathological characteristics which revolve around the spectrum of depression. I won't tell you 312 about that. But in relation to your question, the career of a counselor was not easy for me, it was something that I wanted to do and I struggled very much in it and I think that together 313 314 with everything else, along with the principles of the theoretical approach, mindfulness 315 helped me manage to do it in a way that I feel like I am a counselor and the job that I have 316 dreamt to be done is being done. [short pause] It was difficult for me. One has to go through, anyone has to go down that path of the unskilled. To be forged in it, it can't uh it took time. It 317 took time and I was not one of those people who- who settles. I tried to say it and the 318 319 therapists would tell me that this is how things are and you'd better- but after all, the fact that 320 I was not comfortable and I struggled and I did not settle [short pause] perhaps it was not 321 necessary for this path to be that difficult but it guided me where I wanted to be. And 322 mindfulness uhh the presence, that helped too. 323 SV: Thank you very much.

325	SV: No no, it's not a problem. [smiled] Umm we will move onto the next part of the
326	interview which is related to burn-out. And for the purpose of this study I will read you a
327	definition. Uhh it is a cumulative sense of fatigue, which is often related to excessive stress in
328	someone's work. The symptoms of burn-out, some of them anyway, are chronic feelings of
329	exhaustion, low energy, mental distance from one's job, loss of motivation, insomnia,
330	difficulty concentrating, and reduced professional efficiency. Have you ever experienced
331	such symptoms at some point in your life?
332	P3: Yes. [nodded] It was when uhhmm I was working and I was studying at the name has
333	been removed for confidentiality purposes as a uhh psychologist. [light laughter] Uhh and I
334	don't-
335	SV: Mmm. [nodded]
336	P3: -since then [short pause] anyway, you asked me if I have experienced them. Yes, I have
337	experienced them.
338	SV: And how was it for you? How did you feel it?
339	P3: Uhh it changed my life. It forced me to lower my pace but it was more friendly to uhh
340	what I am. So [short pause] it is like an illness that wakes you up. It was for me. Uhh
341	fortunately uhh I learned to- to not guide myself back again to such a place and- and I found
342	ways, exactly because I had gone through this thing, to function differently. And the studies, I
343	was very, very fortunate. And the person-centered counseling, so basically what I needed, it
344	was to find myself in educational systems that were nurturing.
345	SV: Mm. [nodded]
346	P3: And- and counseling and mindfulness are two nurturing systems and in an indirect way,
347	there were therapeutic toward burn-out as well.
348	SV: Mhm. [nodded] It sounds very-
349	P3: And mindfulness- Ah sorry.

- 350 SV: Sorry-
- 351 P3: Tell me.

374

352 SV: It sounds very difficult for you.

P3: Uhh I had it coming. Of course I didn't know uh- when you have a personality of "I have 353 354 to" and you try to conquer uh happiness uhm [short pause] to be happy for others, so to 355 respond to what others- because that is the only thing you know about yourself. That is where you will end up. As much as you don't uh- you cannot trust and love yourself and give- listen 356 357 to what it is telling you. You cannot listen to yourself when you are [short pause] oriented to 358 social imperatives. Perhaps it also has to do with the way that I grew up, to generalize it more 359 than it should be. I just wanted to say, to not forget to say that mindfulness gives you tools 360 and warning signs, it trains you for the signs of the body and in some way it protects you 361 uhmm to recognize when you are heading toward- so the exercise that we did uhh it was our last, our second-to-last meeting was on Monday, and the exercise in the second-to-last 362 363 meeting of the educational program was about it. To observe which activities in your life are 364 exhausting and what can put you into a cycle that leads you to burn-out. 365 SV: Mmm. [nodded] Are there strategies that you use to prevent burn-out now? P3: Uhh [short pause] Listen. [light laughter] I really respect uhh the strategies of the 366 program that I teach and I teach them to my trainees but I do not function with strategies. I 367 368 have entered into a practice that is more spiritual. Uhh I feel- what I told you before uhh that I 369 have a conversation with the here and now and let me be honest with you. What I believe is that in the here and now, the voice of life is speaking, the voice of God. That is how I see it, 370

That way of life. So that is what I have to answer about strategies. So basically I rely on the here and now, on a- a guidance. [a notification from a device was heard and it distracted the

participant] There, that's a notification to practice. To remember to- to do one minute of

that is how- the deep practice that I am telling you about now is about those- those lessons.

375	silence and a reinstatement of the class that I have to do today. Uhh yes I rely on the here and
376	now which speaks to me. And I have left- and that for me is very simple. Either your mind
377	and your thoughts will guide you but essentially, it is the ego. [short pause] Uhhmm it is a
378	system that- that, by definition, there is something wrong with it. In a way, mindfulness takes
379	you to the halfway point of the road, it liberates you to a degree uhh it is where I have some
380	disagreements that we said before. I believe that more meanings should be added. Let's say,
381	when I went to the retreat, uhh I heard about the meaning of "more than me", that there is
382	something that is more than me. This is very, very important. So to rely on yourself, is
383	essentially to rely on your ego. On a feeling that each person is special and that essentially, it
384	is good that one person defends themselves from what could happen to them by someone
385	else. [short pause] While that's not how things are. The only way that I can start to tell you is
386	this, that I am not guided by my mind anymore, which says that you are something special. I
387	am being guided by the here and now and it shows me that we are all one.
388	SV: Very nice. Thank you. Uhh perhaps the next question has already been answered but
389	what role does mindfulness play in terms of how you take care of yourself? If at all?
390	P3: It is the way that I take care of myself. [smiled]
391	SV: Nice. [smiled] Very nice. Is there something else that you would like to share related to
392	your experience now that we are reaching the end?
393	P3: No, I said more that uhh perhaps you needed. Uhh I am happy that I have so much to say
394	because I feel it very genuinely. Uhhmm [short pause] thank you.