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# Mindfulness, Stress and Self: An Ontological Shift

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degree of Doctor of Philosophy in Community Health,  
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## Abstract

In this study a six week mindfulness programme is delivered to twenty nine health care professionals. Research questions address: what participants' discourse can tell us about their experiences of stress over the course of the programme, what the changes in discourse suggest that is theoretically useful to the study of mindfulness, and what an exploration of ontological underpinnings can provide to develop our understanding? And finally, whether this exploration supports a useful theory on both mindfulness and stress?

Daily diary, interview and email data is gathered on participants' discourses on stress and mindfulness. A Social Constructionist epistemology and Grounded Theory methods are used to analyse the data. Most research and commentary on mindfulness is positivist and quantitative relating to health outcomes and psychological processes. This leaves a gap in the literature that this qualitative study addresses.

A main theme in participants' discourse on stress relates to feeling overwhelmed and powerless. Participants talk of the causes of and solutions to stress and of themselves and others as 'bad and wrong'. This discourse reflects a 'rational self' view through the use of mechanistic, rationalistic and individualistic terms to convey experience. This 'rational self' view is grounded in a Cartesian ontology or worldview. In the discourse on stress, participants' appear to view themselves ideally as rational, autonomous, non-emotional and in control.

A core social process is that with mindfulness training participants' discourse on stress changes from a disempowered to an empowered view of self. In mindfulness training participants are asked to adopt an alternative to the Cartesian conceptualisation of self. They are asked to practice *I am not my thoughts* and *acceptance of all aspects of experience in the present moment*. After mindfulness training, participants' discourse is of more calmness, peace, insight, awareness, creativity and a sense of expanded time and space. These discourses reflect an empowered view of self and a sense of agency. The discourses are

compared to those before mindfulness training, and to those of the non-finishers and the stress literatures.

An alternative ontological view of the nature of 'being' or 'reality' and its resultant discourse has implications for stress research and mindfulness research and practice. The conceptualisation of 'being' evident in the Buddhist origins of mindfulness (concepts of 'no self' and experience as essentially 'empty') is not generally explored in the mainstream literature.

Literatures on stress, mindfulness and self provide a framework from which to explore participants' discourses. It appears that mindfulness programmes in the West have been uplifted and separated from their Eastern origins and rearticulated within a Cartesian ontology. It is important to address questions on mindfulness and stress ontologically to provide a broader range of options for future study, treatment approaches and practice.

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deal personally to this work and it was not possible without their enthusiasm and honesty.  
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“Two years ago an old man was stopped on a road near Lhasa with a golden statue. He had sold everything he owned to buy the statue, so he could leave it at a holy mountain to gain merit for the soul of his dead wife. He was certain she had died because he had cut down the prayer flags that always flew over their house to use the rope to tether their last two sheep. He was arrested because he told someone he had killed his wife. Someone else reported that he had given a man money for the death of his wife. It was the money given to the goldsmith but no one bothered to explain. He was accused of having stolen the statue and did not deny it because the house he had sold to buy it had belonged to his wife.”

“What happened?”

“He was sent to prison and died in three months...The government had all its facts right. He did say he killed his wife. He did pay money because of the death. He did feel like a thief with the statue...People here live by truths, not by facts.”

(Eliot Pattison, *Beautiful Ghosts*, 2004, p.117)

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# Chapter 1 Introduction

Stress is said to be at epidemic proportions and there is a great deal of debate and confusion in the area (Jones & Bright, 2001). Increasingly psychology, medicine and workplaces are using mindfulness meditation in an attempt to remedy psychological and health issues, including stress (Bishop, 2002; Kabat-Zinn, 2005). However, the considerable research and debate do not answer the questions I have about mindfulness training: What are its benefits? How are these benefits most usefully gained and maintained? As a practitioner and teacher I am curious about the increasing interest in mindfulness approaches, and believe there is a gap in our current understanding.

In the early 1980s mindfulness meditation practice and a number of its values were developed into mindfulness-based stress reduction (MBSR). This hospital-based programme originated at the University of Massachusetts Medical Centre in Worcester, USA (see Kabat-Zinn, 1990)<sup>1</sup>. The programme is now taught worldwide and has generated a great deal of research. The MBSR programme, which increasingly shows positive results, is the basis for the present study.

Much of the research on mindfulness is quantitative and positivist and addresses epistemological questions (i.e., how can we know what mindfulness is?). To date, studies on mindfulness have not addressed questions at the ontological or worldview level. This original study of mindfulness and stress draws on questions of an ontological nature. Ontology (or worldview) is a description of the ‘nature of reality’ or ‘being’ (May, 2005). Research questions at this level of inquiry address ‘what is it to be human, what kind of self are we?’ Answers to these questions drive questions about the ‘how’ of being human, how is it that we know a particular knowledge (or the epistemological level of inquiry)?

The term ‘ontology’ originated with Descartes who suggested that the mind can be conceived of separately from an external world, that ‘inner’ and ‘outer’ worlds exist. Bracken (2002) suggests this is Descartes’ “ontological separation of the world, into two kinds of substance”

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<sup>1</sup> See Appendix A.

or two kinds of ‘thing’ (p.22). Descartes suggested that certainty or knowledge is gained through reason and based on a reflection on one’s thinking. The terms objectivity, dualism, reductionism and essentialism emerge from the philosophy of this era. Kant later defined ontology as “the science, namely, which is concerned with the more general properties of all things” (1992, p.295).

The term *ontology* has several different meanings in philosophy. In the analytic traditions it means “the study of what there is,” either in general or in some specific area. What are the ultimate constituents of the universe?... [This then drives questions about] the constituents of psychology: the mind, behavior, bodies in interaction? Can we reduce psychological accounts of human existence to purely physical ones? In Continental thought, ontology has come to mean “the study of being (or Being).” This approach takes its cue from the work of Martin Heidegger, who argues that over the course of Western philosophy, stretching as far back as Plato, the “question of Being” has been forgotten and needs to be recovered. What is being? What is the meaning of being? What is it for something to *be*? (May, 2005, p.13).

The discipline of philosophy is made up of many strands of thought. For the purposes of this thesis the ‘strands’ explored are those addressing questions of ‘being’ or ontology. The thesis explores particularly ontology of self in relation to mindfulness and stress.

## **The Thesis**

In this thesis I am ‘recovering’ the question of ‘being’. The mainstream stress and mindfulness literature generally conveys ‘being’ or self in mechanistic, rationalistic and individualistic terms. Throughout the thesis this is referred to as the ‘rational self’. This discourse is compared to that of the Eastern foundations of mindfulness. This version of self is based on notions of ‘no self’ and the idea that experience is inherently ‘empty’. A number of Western theorists offer debate on the emphasis on rationalism in the West. By considering questions at the ontological level I explore the philosophical foundations of contemporary constructions of self to answer the research questions.

I explore two different versions of self, one evident in Western<sup>2</sup> dominant discourses and one extending from the Eastern philosophical bases of mindfulness. I suggest that with the increase in mindfulness training programmes a focus on these differential constructs of self is useful in expanding knowledge in the areas of stress and mindfulness. A focus on constructs of self fills a research gap and provides an in-depth exploration of questions about stress and the use of mindfulness in the West.

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<sup>2</sup> The terms Western and Eastern are used in this thesis to denote a general perspective. It is not to convey uniformity in these approaches wherein a great deal of variability lies. These generic terms are used for ease of communication.

## **Research Questions**

1. What can participants' discourse tell us about their experience of stress over the course of the mindfulness training programme?
2. What can the changes in their discourse tell us that is theoretically useful to the study of mindfulness for this particular programme?
3. What can an exploration of the ontological underpinnings of mindfulness and the dominant discourses provide that is useful in developing an understanding of mindfulness?
4. Does this ontological exploration support a useful theory that could apply to the practice and research of mindfulness and stress research?

## ***Aims***

1. To inform the debate about what an Eastern-based mindfulness meditation programme can offer participants to help manage distress.
2. To provide a rich account of the participants' experiences of mindfulness training to aid the understanding and practice of mindfulness.

## ***Objectives***

1. To use participants' talk about their experiences of mindfulness to help account for reported changes in their life situation.
2. To generate a theory about participants' reported change that draws on Eastern and Western versions of self as well as critiques of the discourses used.
3. To explore how this theory can enrich our understanding of participants' distress.
4. To investigate mindfulness mindfully by staying ideologically 'true' to the precepts of mindfulness.

## **Significance of the Study**

Stress has become a popular term in public and academic usage. A great deal of research points to a vast amount of data and literature in the area. Recently there has been a growing critique of the construct, and how stress is researched and treated. To understand participants' experiences of mindfulness I asked them about stress, and the theory developed encompasses both stress and mindfulness.

In the last 30 years academic studies have increasingly shown promising results for interventions based on mindfulness meditation. However, these studies are mostly

descriptive and quantitative; only recently has research begun to address theoretical issues. Existing studies have generally used clinical, student and fee-paying populations, and changes in psychological symptoms and/or disease symptoms have been put forward as evidence for its effectiveness.

This project is not a replication of these studies. It draws on a theoretical approach and research methods that have not been previously used to expand understanding of the topic. Although initial empirical research on mindfulness has shown positive results, there is still a great deal of debate and controversy which suggests the need for more theoretically driven research.

The non-clinical group of health care professionals in this study provides an opportunity to explore the effects of dominant discourses and the construct of the 'rational self'. This research draws on a number of critiques of mainstream psychological and medical approaches to self, stress and illness (see Furedi, 2004; Gergen, 1991, 1999; Rose, 1999). Mainstream mindfulness research has developed within psychological and medical contexts and tends to confine results to a Cartesian ontology and rationalist view of self.

Most of the stress literature focuses on stress in relation to the workplace. Maintaining a work-home balance, identifying stress in the workplace and the implementation of intervention and prevention programmes, are the main stress research foci. Meditation is increasingly offered in workplaces as a stress strategy alongside exercise, diet, counselling and time-management regimes. Yet, the stress research area is fraught with confusion and debate (Kinman & Jones, 2001). Very little is conclusive in both the stress and mindfulness areas. Given the emphasis on the issue of workplace stress in the literature, this thesis reviews what has been written on workplace stress. The workplace stress literature has reached saturation point. One new direction suggested has been to focus on positive emotions. The shift toward the positive emotions associated with stress does not, however, extend the theoretical underpinnings through which stress and wellness are understood.

This thesis arises out of a commitment to develop ever more effective practices to help people with stress and suffering. It draws inspiration from theorists of Buddhism and Social Constructionism, and begins from the premise that current psychological theory and practice can be extended. My position as a teacher and researcher is unconventional in the context of

traditional research in psychology. This dual position has benefits and constraints, which are discussed in Chapter 4.

In defence of my thesis, this study examines the use of mindfulness for what participants report as stress and how this changes subjectively over time. The empirical research focuses on participants' discourse on stress as they proceed through a mindfulness training programme. The theoretical discussion explores the rationale for stress reduction methods based on the dominant discourses of self. A critique of the socially constructed nature of this discourse is undertaken as well as an assessment of broader discourses on stress. The research explores the mechanistic, rationalistic and individualistic version of self that dominates mainstream psychological and medical discourses. The findings are not intended to 'expose a truth' but to invite consideration of the usefulness of alternative versions of self.

This study explores mindfulness from a theoretical approach and method that has not previously been utilized. In the areas of mindfulness and stress, where there is currently much debate, it is timely to generate useful theory. Addressing research questions to how self is socially constructed in participants' experiences of stress and mindfulness, and to the respective literatures, two theories of 'self' are examined.

## **Theoretical Framework**

The present study is qualitative and uses a Social Constructionist epistemology and Grounded Theory methods. Social constructionism has not previously been used in mindfulness research and grounded theory methods only minimally. Social constructionism defines and guides the theoretical analysis, the research problem, and the research process (Henwood, 1996). Grounded theory methods provide the procedural framework to analyse the data. This method provides procedures for organizing the data to explicate a core social process and theory.

The thesis explores the ontological underpinnings of mindfulness and mainstream stress discourses. It uses social constructionist epistemology which recognizes many perspectives and possible interpretations of these discourses. Therefore the findings of this study are one of a number of possible interpretations. This thesis questions how notions of self are socially constructed, how law-bound rules are applied to experience and how resulting discourses

serve social relationships. The limits of a social constructionist epistemology are discussed in Chapter 4.

The dominant stress discourse emerges from an ontology of 'being' or view of self as mechanistic, rationalistic and individualistic. In this discourse the 'ideal' or 'normal' self is viewed as objective, autonomous, intellectual and non-emotional (or with emotions 'under control'). This construct is evident in participants' talk about their stress. When compared to the discourse of participant's practicing mindfulness, it is possible to see the socially constructed nature of the dominant discourses. Over time, an alternative construction of self can be seen to emerge. The resulting theory is that the usefulness of mindfulness reflects, in part, the changed construction of self it offers. This contributes to the research area by widening the traditional 'lens' of inquiry (see Gergen, 1999). I conclude that it is important to address the socially constructed nature of the self construct in the dominant discourses when addressing questions of mindfulness and stress in training and research.

In keeping with a social constructionist epistemology I conclude that these findings are my interpretation of participants' reports. The findings can only suggest what I believe is 'real' in the sense offered by Denzin and Lincoln (2000), for these participants, at this time, in this context. The findings suggest recommendations regarding stress and mindfulness, and may aid in further exploration of the topics. Finally, it may be that my position as teacher and researcher adds a depth to the study that would not be possible in the researcher-only position. These issues are discussed throughout the thesis.

### *Theoretical Influences*

I am interested in how mindfulness training is implemented in the West and the impact of the socially constructed nature of reality on this implementation. I am interested in how being stressed and disempowered are not only subjective experiences but ones influenced by the social organisations of power and resources that aid or limit well-being. This thesis is influenced by the ideas of Plato, Hume, Kant, Marx, Merleau-Ponty, Deleuze, and Foucault (not all of whom are included in the thesis). I value their ideas on power, knowledge, and social identity and how these help shape not only the questions asked, but what are seen as the findings. This study is grounded particularly in the work of Brown (1999), Furedi (2004), Gergen (1991; 1999), Pollock (1988) and Rose (1999). These authors offer alternatives to the traditional notions about the nature of self and, in some cases, stress.



An initial hurdle to the study was my intention to provide a quantitative and qualitative analysis of mindfulness. However, early on in the research process I became uncomfortable with the notion in the positivist sciences that I could ‘discover truths’ about stress and mindfulness. My personal belief system, based partially on years as a counsellor, is that there are subjective, objective and contextual aspects to experience. Alongside this mindfulness, as I understand it, is originally based on the philosophical concepts of ‘no self’ and ‘emptiness’. I argue in this thesis that these are important concepts that have not been addressed in traditional empirically oriented approaches to mindfulness. The quote below summarizes these concepts:

Any belief in an objective reality grounded in the assumption of intrinsic, independent existence is untenable. All things and events, whether material, mental or even abstract concepts like time, are devoid of objective, independent existence...causation implies contingency and dependence, while anything that possesses independent existence would be immutable and self-enclosed. Everything is composed of dependently related events, of continuously interacting phenomena with no fixed, immutable essence, which are themselves in constantly changing dynamic relations. Things and events are “empty” in that they do not possess any immutable essence, intrinsic reality, or absolute “being” that affords independence. This fundamental truth of “the way things really are” is described in the Buddhist writings as “emptiness” (Dalai Lama, 2005, p.47).

The choice of a social constructionist epistemology helps bridge the dilemma of ‘truths’. It recommends that knowledge production can be approached with reflexivity to attain multiple possible meanings for phenomena. And that an awareness of the impact of social structures and subjectivities, can help elucidate the meanings people attach to their experience. With this thesis I do not conclude that Buddhist philosophical notions are the ‘truth’. Rather I suggest that this Eastern philosophical basis of mindfulness offers concepts that may be useful alternatives from which to explore notions of self in relation to stress and well being, and that mindfulness research may benefit from a Social Constructionist approach.

## **Structure of the Thesis**

This Introduction has presented the research questions, aims and objectives, the significance of the study, and the theoretical framework. Below I describe the structure of the thesis, ethical considerations and define key terms.

The literature review in Chapter 2 is divided into three parts: stress, mindfulness and self literatures. In Part 1, I present mainstream and alternative literatures on stress. Traditional or conventional perspectives on stress are presented in Theory and Models of Stress I. This literature spans the historic development and current conceptualisations of stress and coping.

Literatures on stress, coping, work and home, stress prevention and intervention are summarized. This vast literature forms a foundation from which to triangulate the findings.

This study is not a comparison between mindfulness training and other stress interventions, but an examination of how the discourses of stress and mindfulness can generate theory at an ontological level. In this section the ideas guiding the epistemological questions of mainstream researchers are presented; e.g., ‘how do we know about stress and mindfulness’ rather than ‘what is there to know’? I show how most stress and mindfulness research has not addressed questions of ontology and I discuss the ramifications of this.

The strengths and weaknesses of the traditional empirically oriented approach are presented. This literature review cannot do justice to the many gains made in the stress area over many years. It is beyond the scope of this thesis to provide a full account of stress research. Therefore the main foci in the area are summarized (for a full account see Cooper & Dewe, 2004; Jones & Bright, 2001). The literature critiquing traditional approaches is itself large and the two provide a foundation for theory development. For economy the literature presented is limited to the more common critiques of the stress area.

In Theory and Models of Stress II, literature is drawn on to critique traditional approaches to stress. This literature focuses on the myths surrounding stress, the impact of social influences on stress, and the effects of the mainstream approaches, and presents arguments for an alternative conceptualisation. The literature review provides a foundation from which to argue for the usefulness of alternative conceptualisations of stress and self. This literature review indicates the socially constructed nature of the stress discourse to highlight its peculiarly Western notions of self.

The literature on mindfulness (Part 2) is extensive and the Buddhist psychology, self-help and mainstream literatures are summarized. Various authors discussing the evaluation, operationalizing, training, and research on mindfulness are presented as are the strengths and weaknesses of these approaches. Contextualist and constructivist approaches are presented to show the scope of debate in the area. I show how a Western mainstream discourse of self as mechanistic, rationalistic and individualistic appears in the mindfulness literature and research. It may be that in not addressing the ontological foundations of self, mainstream research has become limited in its ability to explain.

Literatures are presented in Part 3 to show the historic development and social construction of notions of self. A summary of the major philosophical contributions to the development of the self construct in the West is reported. The literature elaborates on a number of limitations in conceptualizing self in these terms. This literature shows that, in Western societies, self or 'being' is defined mechanistically as an individual 'rational self' where what one thinks and feels defines 'who' one is. Literature is then presented to show an alternative to this construct, that of the Buddhist concept of 'no self' or emptiness. The Eastern version of self and versions offered by Western philosophers may hold concepts that are useful in the exploration of stress. As mindfulness is one aspect of the Buddhist philosophy from which the MBSR programme is drawn, this literature provides important insights.

Issues relating to the fundamental philosophical differences in notions of self have not previously been explored in mindfulness research, and have been examined rarely in stress research. The results of this study suggest that this is an important omission. How self is framed in society drives how stress is understood, treatment initiatives, understanding of the development of illness, the nature of the clinician relationship to clients/patients, as well as how issues of leadership and organisational problems are framed in workplaces. Workplace stress is addressed because it is a prolific area of stress research that is based on a "narrow conception of human consciousness" (Wainwright & Calnan, 2002, p.81). This literature supports theory generation and provides justification for exploring the ontology of the dominant discourses in stress and mindfulness.

Presenting this literature is not intended to convey that this is the only valid view of stress, mindfulness and self. It does, however, support a theory that addresses the ontology of self as a legitimate explanation for the usefulness of mindfulness. The current research is not intent on proving that mindfulness is more or less effective than other stress interventions. It merely provides one account of the many possible for participants' experiences of mindfulness.

Chapter 4 describes how qualitative research using a Social Constructionist epistemology and Grounded Theory methods is useful in answering the research questions and meeting the research aims and objectives. This is a qualitative study of 29 health care professionals on a six week mindfulness-based stress reduction programme. The data were gathered in the form of daily diaries, interviews and emails and analysed using Glaser's (1992) approach to grounded theory. I suggest that *credible, transferable, dependable, and confirmable* (Denzin

& Lincoln, 2000) are appropriate terms from which to evaluate this research. I discuss reflexivity in depth to address questions of the ‘validity’ of the findings.

The results are presented in Chapter 5 and used to describe a core social process in participants’ discourse to generate theory. The findings are used to show how, through mindfulness training, the stress discourse of participants’ changes. In the training participants were asked to conceptualize their thoughts, feelings, body and mind differently. They were asked to notice and accept all their experience in the ‘here and now’ rather than avoid, change or reject aspects of experience. An alternative notion of self begins to appear in their discourse. This finding is supported by extracts of data that report positive outcomes, and through the discourses of the participants who finished and those who failed to finish the training. The alternative notion of self that is expressed by the participants is in contrast to that found in the discourses of the mainstream stress and mindfulness literatures.

Chapter 6 discusses the results of the research, its implications, limitations and recommendations. I draw together the findings regarding the changes in participants’ discourse of stress and mindfulness. I conclude that the notion of self, ‘being’ or personhood evident in participant’s discourse, can be seen to change with mindfulness training. Mindfulness can indeed be usefully explained by addressing research questions ontologically.

The appendices follow Chapter 6. The participant information and consent forms are provided in appendix A and B respectively. The mindfulness training programme in appendix C, the interview questions in appendix D, and the daily diary cover sheet (stress questions) appears in appendix E. The thesis ends with the list of references.

## **Ethical Considerations**

Ethics approval was obtained from the University of Auckland Human Participants Ethics Committee. Participants were given information sheets (Appendix A) and asked to sign consent forms (Appendix B). They were informed that the information they provided would remain confidential. It would be used only for research purposes, with any identifying material omitted.

I have attempted not to disadvantage participants through this research process. They are not a 'socially disadvantaged' group (being Pakeha<sup>3</sup> and generally of middle to upper socio-economic status), and I attempted always to respect the person and what they were communicating. Meditation and noticing thoughts, feelings and body can create discomfort and stress. I forewarned participants about this risk and encouraged them to use their social support systems. I informed them that I am a qualified and registered counsellor and if they wished to discuss any personal discomfort I was available and could make recommendations to referral sources. They were told that they could withdraw from the research at any time.

## **Definition of Terms**

In the following section I present definitions of the major terms used throughout the thesis.

### **Stress**

Stress is referred to in the mainstream literature as an environmental stimulus (a stressor). As a response to stimuli (strain), stress is also said to be the outcome of the relationship between a person and an environment, which is appraised as exceeding one's ability to cope. Stress is often used, therefore, as a global term to describe potentially demanding environmental stimuli, stress responses and the variables that influence the relationship between the person (including personality variables) and environmental stimuli (Jones & Bright, 2001).

Mainstream Western approaches to distress generally advocate changing aspects of experience. Examples include thought-stopping, problem-solving to remove the stressor, or medication to remove symptoms. Stress is used in this study to refer to that which participants report as 'stress' (i.e., stress is what they say it is).

### **Mindfulness**

The mindfulness training programme implemented in this study is based on the MBSR programme. Mindfulness as it is defined by one author of the programme is about 'paying attention' to the present moment in a non-judgmental manner. The MBSR programme removes mindfulness from its religious origins (Kabat-Zinn, 1994, p.4). The various definitions of mindfulness are presented and discussed in Chapter 2.

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<sup>3</sup> Refers to European or non-Māori (indigenous people of Aotearoa/New Zealand)

Mindfulness is a formal meditation practice where the practitioner learns to train the focus of attention so as to be less easily *caught up* in thoughts, distracted or ‘asleep’ to the present moment. The practitioner is invited to notice when their mind has *wandered* and to bring their attention back from thoughts, fantasies and reverie – to the *present moment*. Hayes, Strosahl and Wilson (1999) refer to this practice as the *observer self* or *transcendent self*.

In the *present moment* the practitioner rests their attention on whatever is in their field of awareness. It may be the breath, sound, noticing thoughts as though they are events passing in one’s field of consciousness as well as noticing body sensations. The task in mindfulness meditation as I understand it<sup>4</sup> is to notice when the mind has wandered and bring it back to the present moment. Mindfulness also involves an informal practice whereby the practitioner is encouraged during day-to-day activity to be in the *present moment*; to notice when the mind has *wandered off* into thought and to bring their focus of attention back to the *here and now*.

Practitioners are invited to *be with* all of their experience rather than react mindlessly to the mind’s *constructions of reality*, noticing it all, until they eventually settle into equanimity and peace. For example, to be mindfully *with* an experience that causes anxiety or depression is to *be with* the thoughts, feelings and bodily sensations that arise. In mindfulness the practitioner is asked to bring a *kindly curiosity* to all of their experience. Values of mindfulness taught in the programme are present moment awareness, fundamental kindness, non-judging, acceptance, non-striving, practicing ‘not knowing’ and ‘letting go’ (McManus, 2003).

### ***In conclusion...***

At the beginning of this thesis is a story about a Tibetan man on the road to Lhasa who is imprisoned for stealing. I included it to show how misunderstanding can result from differences in how the ‘nature of reality’ and ‘being’ is viewed. The Tibetan man understood that he would have to perform certain acts to ensure the successful passing of his dead wife. The authorities in his country believed he was stealing and punished him accordingly. However, in his relationship with his wife and his community the Tibetan man saw himself as an integral part of her successful passing at death. The authorities saw him as deviant and

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<sup>4</sup> There are many sources of information regarding mindfulness. In this thesis I present as much as possible what appears to be a general consensus on mindfulness.

dishonest. The man and the authorities understand themselves and the nature of reality very differently.

## Chapter 2 Literature Review

A literature review can be framed as a creative process, one in which the knower is an active participant constructing an interpretation of the community and its discourse, rather than a mere bystander who attempts to reproduce, as best she or he can, the relevant authors and works (Montouri, 2005).

The beginning quote informs how this literature review will proceed. The value in this process lies in my being the programme teacher as well as the researcher constructing the review. The project itself cannot be separated from my participation in it. I was at once influencing the course of the participants' experience, as well as being influenced by their engagement with the process, and my own. This participation continues into the results and writing up of the research. I was, in Montouri's words, going more "deeply into the relationship between knowledge, self, and world" (p.2). This was consistent with the social constructionist approach used in this study, and reflects my worldview. In this context the object of this review was to identify key authors and theories in the field of stress and mindfulness. For this reason I have included a number of quotes to incorporate different authors' perspectives. As Montouri (2005) states, the literature review becomes a "map of the terrain, not the terrain itself". He concludes that:

...the real challenge then is to assess the various claims, explore if they can be integrated, and determine what their implications are – viewed as a whole compared and contrasted (p.8).

The literature in Part 1 shows the historic and social development of the stress concept. Mainstream approaches are outlined to highlight the dominant discourses that occur in the stress literature. The literature on the development of stress as a construct and how coping is viewed is then presented. How stress and coping are discussed in relation to work and home are reviewed as are prevention and intervention strategies. This literature is not representative of all thought in the area but a broad 'sweep and dip' to provide the most common and general themes and discussions in the area. The literature critiquing the dominant discourses and traditional approaches is explicated to widen the view of stress in this thesis.



In Part 2 the literature on mindfulness is presented. The Buddhist psychology and self-help literatures as well as the mainstream research literature on mindfulness are reviewed. There is literature on the evaluation and operationalizing of mindfulness as well as the various mindfulness-based treatment programmes and research to indicate recent developments. Contextualist and constructivist approaches presented indicate the depth and breadth of discussion and research in the area of mindfulness.

Part 3 focuses the thesis on notions of self. Literature on the conceptualisation of self and the development of the 'rational self' construct is reviewed. Alternatives to the dominant discourses of mainstream Western approaches to self are also presented. Literature on how self is currently conceptualized is discussed as are critiques of the approach. This literature is later used to provide a framework from which to explore and triangulate the findings.

## **Part 1 - Stress**

In this section the literature by mainstream academic and lay writers on the concept of stress is addressed. Jones and Bright (2001) suggest that there is now a popular perception that stress is an unavoidable aspect of modern life, on the increase and pathological, and that people should be constantly vigilant against it, and need to remedy it. Stress is often considered to be at epidemic proportions, is generally viewed with ambivalence and has inspired a 'growth industry'. This view occurs, the authors suggest, against a background ideal of a peaceful and more idyllic past. Cooper and Dewe (2004) state that:

...evidence [of stress] continues to accumulate and be reported in terms of the millions of dollars lost each year in production, sickness absence, premature death, and retirements, escalating health insurance costs, the increasing use of stress management interventions, and the wide range of health and wellbeing issues reported under the banner of stress (p.117).

Jones and Bright (2001) citing various authors, suggest that a double hermeneutic may be in effect regarding stress research. As social scientists publish work on stress this encourages the use of it as a concept while at the same time altering what they set out to study. The following searches of 'stress' on the internet demonstrate this point (retrieved on 11 July, 2007). A search of Google elicited 196 thousand references, Science Direct, 178 786, and PsycINFO, 101 886, articles found. There is a great deal of information available on stress. Jones and Bright (2001) conclude:

...in the last few years a great deal has been written on the topic of stress. Self-help books can be found in every bookseller and articles on coping with stress are perennial magazine

features. The academic literature on the topic is similarly vast and presents a complex and often contradictory body of evidence (p.ix)

## **Theory and Models of Stress I**

The literature on stress below is focused on the development of physiological and psychological (cognitive, social, emotion-focused) models of stress. Research and literature on stress, coping, home and work are later addressed to show the emergence of these ideas over time. Recent research, as well as the models of prevention and intervention developed through this research, is presented to show the vast amount of interest in the area. Research and literature from areas other than mainstream psychology and medicine are later presented to broaden this view of stress.

### *Conceptualizing Stress*

The following presentation is a summary of the more influential figures that developed theories and research on stress. The figures discussed each contribute greatly to knowledge in the area. An historical view illustrates how the current concept of stress has foundations that were successively built upon by later theorists and researchers. This historical introduction provides a view of the contextual and temporal influences that have shaped current theories of stress.

Originating in the 20<sup>th</sup> century the two concepts most commonly associated with stress today are homeostasis and ‘fight or flight’. Homeostasis is defined as an internal process that allows individuals to maintain an internally favourable balance when the environment changes. When this balance is not maintained, stress results. The ‘fight or flight’ response as an indicator of stress is described as an internal process that occurs when an individual meets a changed environment that is considered threatening. In the early 20<sup>th</sup> century, theorists such as Cannon, suggested that this is how the mind plays its role in the formation of illness and is considered to be the beginnings of psychosomatic medicine (Cooper & Dewe, 2004). Kugelmann (1992) concludes that “the engineering approach to the body, which exists in mature form in modern stress theory, was a going concern in the early years of the twentieth century” (p.79).

This approach resulted when biological and mechanistic explanations were insufficient to understand illness. The field of anatomy had previously explained illness in mechanistic terms that incorporated machine-metaphors indicating how the body is involved in the development of illness. This era is considered important in medicine as it introduced the

notion of the individual into medicine (Kugelman, 1992). Stress theory suggested there was a struggle between people's outmoded biological instincts and the demands of their environment. The focus of stress research and theory was primarily on the capacity of individual's biology to respond to increasing environmental demands as society became more complex. Interventions were therefore aimed at increasing the strength of individual biological responses. The definition of stress by Girdano, Everly and Dusek (1997) is reflective of these historical influences:

[Stress is a] mind-body arousal that, on one hand, can save our lives and, on the other hand, can fatigue body systems to the point of malfunction and disease. It is a natural defense mechanism that has allowed our species to survive. We need stress and would not want to eradicate our capacity for the stress response, even if this were possible (p.1).

A psychological construct was later introduced into this medical approach to stress. Thoughts, emotions and intentions were considered to be influential in disease etiology. Psychosomatic medicine suggested that not only external factors, but people in relation to others and society, could be involved in the development of disease. Along with the influence of psychoanalysis emotion was seen to be important in the development of disease (Cooper & Dewe, 2004).

Stress theory was developed from laboratory studies that began in the mid-1920s. Selye (1974) extrapolated, from observations of rats' adrenaline systems under extreme stress, to human stress. Current conceptualisations of stress are based on the resulting theory of a general adaptation syndrome (GAS). This model outlines three biologically distinct stages of stress - the alarm reaction stage, the resistance stage and the exhaustion stage. This process and reaction are a 'non-specific state' where the same set of reactions occurs regardless of an individual's context. Theory suggests that ideally a biological balance or homeostasis should exist between good and bad stress, that is, "the notion of balance and re-establishing normalcy" (Cooper & Dewe, 2004, p.28). Stress and homeostasis came to be viewed as self-generating with a greater focus on the individual as the creator of this 'non-specific response' (stress). In this model the individual, through their thoughts, emotions and intentions, is responsible for the development of stress.

The alarm stage of the GAS was likened to the concept of 'fight or flight'. This model suggested that inappropriate triggering of the alarm stage leads to 'diseases of adaptation' and the stress-related diseases we know today. Through biological 'wear and tear' and negative emotions, stress is more likely to result in illness. Adaptation to stress was believed to be the

process that could defend against the development of disease. Selye (1974), like many researchers of the era, believed that the goal of science was the identification of the mechanisms involved in the 'stress syndrome' (i.e., questions of epistemology). Although he was convinced there was a physiological mechanism that initiated the alarm reaction he never located this mechanism. These ideas became a consistent theme in stress research that would focus stress interventions primarily on individuals. The goal in this model is to control the physical and mental processes of individuals to reduce stress and illness. Selye (1974) states:

I feel we should always strive for what we ourselves – not the society that surrounds us – regard as worthwhile. But we must, at all cost, avoid frustration, the humiliation of failure; we must not aim too high and undertake tasks which are beyond us. Everyone has his own limits. For some of us, these may be near the maximum, for others near the minimum, of what man can attain. But within the limits set by our innate abilities, we should strive for excellence, for the best that we can do. Not for perfection – for that is almost always unattainable – and setting it as an aim can only lead to the distress of frustration (p.109).

These ideas developed to suggest that the initiator of the alarm reaction was psychological and could be found in people's appraisal of events. Interventions and treatments based on this theory meet with a measure of success. However, disagreements in the area have come to centre primarily on the two perspectives regarding the influence of the biological and the psychological. Researchers in the 1950s developed further the concept of homeostasis and the role of stress in the development of disease. It was concluded that the *amount* of stress dictated the likelihood and extent of illness. Stress as a cause, or at least as an impact on the development of disease, had become a given. Cooper and Dewe (2004) suggest that the work of Wolff, in particular, in the 1950s:

...reflects an amalgam of ideas that captures the spirit of the time, the social reformist ideals of psychosomatic medicine, the debate about how stress should be defined, the role that society and psychology may play in explaining the stress process, and the preventive and therapeutic strategies that could be developed to fulfill needs, realize aspirations, and develop potential... [The goal with stress research was to help individuals to] fulfill needs, and realize aspirations and develop potential (p.33).

Wolff (1953) defined stress in relation to the war and defence metaphors of the time. The nature of the 'protective reaction response' or stress reaction, he said, was to 'abolish threats' and 'mobilize resources'. The over-mobilizing and inappropriate use of resources caused disease. Although the stress concept remained based on biological models as the accepted view researchers began to include issues of individual needs, people's desires, past conditioning, various life experiences as well as pressures from culture. Cooper and Dewe (2004) suggest that these models helped form the basis for the self-help movement that grew out of this period.

The inter-reaction between the individual and the environment became the primary focus of research, however, stress was said to reside essentially within the individual. Prevailing theory suggested that individuals needed to decide how much was ‘too much’ stress, to change direction and pace themselves for good health. According to Cooper and Dewe (2004) the previously psychodynamic approach to stress had given way to a ‘biopsychosocial’ one, in line with other reformist movements of the period. The authors state that questions of stress then “center[ed] on the kinds of social situations, the characteristics of individuals, the coping strategies they adopt[ed], and [the] pathways and mechanisms [involved]” (p.41). The answers to these questions could explain why people respond to particular situations with certain physical and psychological patterns. Research then focused on what might be the cause of stress where certain illnesses were attributed to particular life events (Lipowski, 1977) and what were the individual differences and personality variables that resulted in stress. This development of the stress concept gave a much greater focus to human agency (Cooper & Dewe, 2004).

The themes in the research and literature that had emerged thus far were: that stressful life events contributed to illness and disease, in which emotional arousal and physiological processes were intimately linked, and that the body would naturally respond to these events with a protective reaction. Prevailing theory suggested that psychosomatic illness occurred through the interpretation of a life event as a threat and introduced the notion of ‘appraisal’ (see below Lazarus & Folkman, 1984). These developments led to the proliferation of various psychological inventories to quantitatively measure stressful life events. The most widely implemented was Holmes and Rahe’s (1967) *Social Readjustment Rating Scale* (SRRS). This model of stress viewed all change as stressful with individuals needing to adapt to reduce stress. Varying life events are given amount values called Life Change Units (LCU). The LCU is calculated as the divergence factor from the individual’s normal steady state. After forty years this inventory is still widely used and the model forms the basis of many self-help books, as well as academic research, textbooks and stress management interventions.

The advent of cognitive psychology in the 1960s saw ‘appraisal’ and its resulting emotions became the major focus of stress research. In this approach appraisal of events is considered the most important factor in the stress process. This work constituted a shift from the focus of previous conventional stress research and its biological emphasis. Lazarus and Folkman (1984) suggested that appraisal and the objective stressor are equally important in the

development of stress. This work challenged traditional methodological approaches by stating that the *relationship* between the person and the environment should be the focus of research attention. This introduced the notion of subjectivity to stress research. There remained a strong focus on attempting to find internal psychological processes. For example, Lazarus (2000) suggests that his:

...frame of reference has always been an epistemological, ontological, and theoretical approach that emphasizes individual differences, the cognitive-motivational-relational concepts of appraisal and coping, and a process-centered holistic outlook... the relationship is the result of appraisals of the confluence of the social and physical environment and personal goals, beliefs about self and world, and resources (p.665).

Cooper and Dewe (2004) have called the 1960s a time of “quiet reconstruction in stress research” (p.65-66). Although researchers saw the need for a conceptual change in stress research, traditional conceptualisations, practices and methods of research remained essentially unchanged. The field of stress research was influenced during the 1960s by the military and war. The advent of war raised questions about why certain people reacted to certain experiences. The dominant discourse on stress was that individual differences in motivation and cognitive variables *intervened* between the stressor and the person’s reaction (Lazarus, 1993). This conclusion caused considerable unease at the time because science had traditionally been seen to be concerned with the discovery of general laws while variability was attributed to measurement error. According to Cooper and Dewe (2004) individual difference was a difficult concept for traditional science to accommodate. Lazarus (1993) concluded that this new model had “swept old epistemologies aside” (p.6).

The cognitive movement of the 1960s and stimulus-organism-response models were the primary constructs upon which stress research became based. Attitudes, beliefs, expectations and motivations were considered the most influential factors in people’s perceptions of their environment and therefore stress. This became known as the ‘subjective view’ where individual differences in values and goals explained differences in reactions to stress.

## **Summary**

In the presentation of the historical development of the dominant discourses of stress one sees the foundations for current conceptualisations based in the biological sciences. Stress became viewed as an internal process of biological reactions or instincts that are inadequate for the ‘fast pace of modern life’. These internal reactions when repeatedly overused inevitably lead to illness. This mechanistic, rationalistic and individualistic view suggested that ‘wear and tear’ on the body was increasingly the cause of illness. The notion that adaptation and change

are necessary in stress became commonsensical. The growing interest in stress has been related to, in part, social change due to world wars. From these major social events a proliferation of stress research resulted.

In stress, homeostasis or normalcy became the goal for stressed individuals who naturally produce 'fight or flight' reactions. It was suggested that individuals should return to a stable internal physical and emotional state by successfully adapting to or changing their environment. Unsuccessful adaptations lead to disease which is caused by inadequate, outmoded, internal physiological mechanisms. Much has been gained from these approaches in terms of health. However, a number of limitations exist. Stress became viewed ambivalently, for it was both positive and negative; it was at once the product of attempts to adapt and change, but also lead to illness and death. These limitations are discussed further below.

### *Coping*

In the 1960s the concept of coping began to appear more prominently in the psychological literature (Coyne & Racioppo, 2000). In the nineteenth-century coping was conceptualized by Freud in defence terms: "a set of psychological mechanisms by which individuals distort reality to manage distressing feelings, particularly anxiety" (Somerfield & McCrae, 2000, p.620). Following the 1960s, coping research focused more on conscious coping strategies. According to Kenny (2000) coping has variously been referred to as "stress resistance, invulnerability, resilience, protective factors, hardiness, or learned resourcefulness" (p.94).

The stress literature is dominated by two perspectives on coping. Firstly, the *dispositional* view suggests that specific styles of coping or personality dispositions (i.e., relatively unchanging individual differences) help people manage stress. In this view the presence or absence of 'avoidant or approach' dispositional styles is a common research and intervention focus. Secondly, the *situational* view focuses on the specific strategies that people might use in various environmental contexts to cope with stress. Debate ranges back and forth between which is most important, dispositional or situational factors. Currently many authors argue that both factors are important, yet differ on which they focus research attention.

Most commonly, coping is identified with the cognitive and behavioural strategies that people use to manage stress in different situations (Lazarus, 1993; Lazarus & Folkman, 1984). In the current mainstream approach the research focus is generally on a 'coping process' as opposed

to the search for specific internal physiological mechanisms, as was the focus of earlier research. The coping process is considered to be specific to particular environmental contexts, where primary and secondary appraisals result in problem-focused or emotion-focused coping styles. It is possible to see in this literature the discursive development of the stress construct away from a purely internal reaction to that of ‘a self in relation to’ the external world. There is a conceptual shift here away from focusing stress purely on individual strengths and weaknesses, although a dualistic Cartesian ontology is evident. The literature on problem- and emotion-focused coping and appraisal is presented below to show the development of this conceptual shift.

### **Problem-focused and Emotion-focused Coping**

The *Ways of Coping Checklist* (Lazarus & Folkman, 1984) differentiates the cognitive and behavioural strategies people use. The *problem-focused* category in the questionnaire identifies the cognitive problem-solving strategies and behaviours that people use to alter or manage the source of their stress. The *emotion-focused* category identifies the cognitive and behavioural strategies used to reduce or manage emotional distress caused by stress.

Folkman, Chesney, McKusick, Ironson, Johnson and Coates (1991) conclude that “coping has two major functions: to manage or alter the problem that is causing distress and to regulate emotional responses to the problem” (p.243). Sample items in the inventory include problem-focused strategies such as confrontative coping, planful problem-solving and social support seeking. The emotion-focused subscale includes coping strategies such as distancing, self-control, accepting responsibility, escape-avoidance, positive reappraisal and seeking social support (emotion-focused social support as opposed to problem-focused) (Auerbach & Gramling, 1998).

Psychological research outcomes suggest that people rely on problem-focused coping when they appraise situations as amenable to change. Emotion-focused strategies are used when situations are appraised as not amenable to change. Zeidner and Endler (1996) state:

[...that the] sizable and not always consistent literature [show that] the problem-focused coping dimension involves strategies that attempt to solve, reconceptualize, or minimize the effects of a stressful situation...[emotion-focused] includes strategies that involve self-preoccupation, fantasy, or other conscious activities related to affect regulation...[In conclusion] almost all coping measures developed in the past few decades include scales that assess these two coping dimensions (p.9).



The inconsistency of the stress literature is discussed further below. However, the following are examples of research on the various aspects of problem-focused and emotion-focused models. These include avoidance coping involving person-oriented and/or task-oriented responses, cognitive coping and avoidance coping in alcohol abuse, and problem-solving and cognitive restructuring in smoking cessation. Personal and social resources and coping efforts include: stable personality and cognitive characteristics that shape appraisal and coping, emotional support for self-esteem, and self-confidence. Other research using this model focuses, for example, on: self-resilience and coping skills, help-seeking with heart attack victims, shared responsibility and family co-operation in financial crises, demographic characteristics and chronic illness, pessimism and optimism, demand-resources and goal resources appraisals, the relationship between external locus of control and passive-avoidant coping and also between internal locus of control and active problem- or emotion-focused coping (Zeidner & Endler, 1996). Folkman et al. (1991) define problem-focused and emotion-focused skills:

Problem-focused forms of coping include cognitive problem solving and decision making, interpersonal conflict resolution, information gathering, advice seeking, time management, and goal setting as well as problem-oriented behaviors such as joining a weight control program, following a prescribed medical therapy, fixing a broken part, or allowing more time to travel from one place to another. Emotion-focused forms of coping include cognitive efforts that change the meaning of the situation, without changing the environment, through the use of techniques, minimization, or looking on the bright side of things; behavioral efforts to make oneself feel better, as through the use of exercise, relaxation, meditation, support groups, religion, humor, or talking to someone who cares and understands; and efforts to escape through the use of drugs or alcohol (p.243).

Cognitive mediation, appraisal, and mental process approaches have become central foci in stress research. The 'Berkeley Stress and Coping Project' was developed by Richard Lazarus and colleagues in the 1980s conducting studies on coping based on the cognitive theory. According to Folkman et al., (1991) coping theory includes:

...its multidimensionality, the contextual person and environmental factors that influence it and its relationship to emotions, psychological well-being, and physical health (p.239).

## **Appraisal**

Stress became defined not as one variable but as a combination of many variables and processes and new research methods were needed to account for this multidimensionality. The individual *appraisal* of stress became the link to be identified between the person and the environment. This model is termed a 'change' or 'process-oriented' model because under stress people change either the stressful situation or how they feel about it.

Stress results when the person's environmental demands exceed the resources they have to respond productively. Theory suggests that there are a wide variety of emotions that stress produces and the identification of emotions is a common focus of recent research. The central theory is 'core relational meanings' (the 'appraisal' made between the person and their environment) each produce an emotion which results from an appraisal pattern. However, there has been much debate about this idea that individual meanings are at the core of emotion and coping and therefore, stress.

This 'cognitive-relational' view is currently the most popular. It suggests that stress is the sum of the judgments or appraisals a person makes about an encounter. This view suggests that with *primary appraisals* people question "whether anything is at stake?" (Cooper & Dewe, 2004, p.73) or in the case of positive emotions, whether there is any benefit to the person. *Secondary appraisals* are where people then evaluate their coping options and ask "what can be done?" (Cooper & Dewe, 2004, p.73). This is not considered 'coping' as such, but is the thought process occurring on the way to coping. It is the behaviours that follow or outcomes, that are judged to be positive or negative coping.

A programme developed by Palmer and Dryden (1995) using a *multimodal transactional model* of stress is based on the above cognitive model. In this stress management programme participants devise a plan and list the "lifestyle changes, interventions and techniques" (p.215) they will implement to manage their stress. The areas covered in the plan include stability zones (ideas for getting time-out and enjoyment), time management, relaxation, coping imagery, thinking skills, assertion, diet, and exercise (p.216). The literature on stress prevention and intervention is outlined later, however, this model shows how the cognitive theory relates to stress reduction.

The COPE questionnaire (Carver, Scheier & Weintraub, 1989) measures the various dimensions of coping in individuals: active coping, planning, suppression of competing activities, restraint coping, seeking social support for instrumental reasons, seeking social support for emotional reasons, focusing on and venting emotion, behavioural disengagement, mental disengagement, positive reinterpretation and growth, denial, acceptance (i.e., acceptance of the reality of the stressful situation), turning to religion, alcohol/drug use, and humour. Because of its easy access and availability this questionnaire has been widely used to measure coping (Jones & Bright, 2001). Its strength is in providing concept and solution clarity, and encouraging individuals to seek social support. The limitations of this approach

are discussed further later, however, Folkman et al. (1991) conclude that a focus on stimuli can be problematic because it:

...derives from a belief in the efficacy of personal control that is deeply embedded in our Western tradition, [and] is often wrong. Many conditions are not within individuals' power to change (p.240).

## **Summary**

Prior to the cognitive theory of stress and the focus on individual appraisal as the link between environment and the person, stress interventions focused on the stimulus *or* the response. Selye's general adaptation syndrome model focused on people's responses in stress where interventions included relaxation, meditation, biofeedback, and exercise to control reactivity (Folkman, et al., 1991, p.240). These interventions were ultimately aimed at ameliorating emotional responses to stressful encounters. Stress was interpreted for many years through the paradigm of the stimulus-response model of behaviourism. Eventually it was superseded by a stimulus-organism-response model where the focus moved to the 'organism' or individual. Kugelman (1992) defines stress:

Stress occurs when a situation evokes a response of energy production for the purposes of maintaining an individual's integrity. The demand and the reply occur at the boundaries of the individual. With sufficient energy, the person can secure the boundary between self and world (p.23).

Coping became the major focus of stress research around 1960. The predominant view was that dispositional (individual) and/or situational (environmental), either/or factors, influenced the development of stress. Much of the resulting research was on problem- and/or emotion-focused coping strategies where numerous questionnaires and inventories were developed. Mainstream research on personality and traits moved to 'process' theories of stress. A prior emphasis on the alleviation of the stimulus, or the response, shifted to a focus on alleviating emotional responses to stress. The dominant model in coping became the cognitive-relational model where appraisal was the primary focus of research interest and treatment interventions. Most research that followed is based on this process model. In the following section, stress literature focused on coping at work and in the home is presented.

### ***Stress, Coping, Work and Home***

In the area of stress and coping there is an enormous amount of literature. The literature presented here is a summary of the most common approaches. Stress and coping are often viewed as important because of the implications they have for the workplace, and it was expected that participants in the present study would discuss work stress. Mindfulness is

increasingly used to remedy workplace stress (see Davidson, Kabat-Zinn, Schumacher, Rosenkranz, Muller, Santorelli, Urbanowski, Harrington, Bonus, & Sheridan, 2003; Johansen & Gopalakrishna, 2006; Langer & Moldoveanu, 2002). A presentation of the literature in this area supports the need to explore stress as a basis for understanding mindfulness.

In the 1950s and 60s, theorists suggested that social and economic developments in the nature of work could affect mental and physical wellbeing (Cooper & Dewe, 2004). Work changes required people's conformity to new management ideas and research in this area grew exponentially. Similar to the increase in psychological approaches during the two World Wars, psychological approaches increased in response to the needs of the changing political and economic system. There was a role for psychology in these changes, ambiguity had been generated by these changes and this in turn resulted in conflict that was considered "identity destroying" (Cooper & Dewe, 2004, p.86). Consequent research mainly centered on four areas of inquiry: role conflict, role ambiguity, role overload, and emotional turmoil resulting from work.

As in other areas of stress and coping research, the field of workplace stress is fraught with debate regarding definition and methodological approach (Jones & Bright, 2001). Workplace stress literature is presented here to show the construct of stress and coping *in action* and because work stress appears in participants' stress discourse. This literature provides a background to support and triangulate the findings. Recent changes in legislation in Aotearoa/New Zealand regarding stress in the workplace are based on the dominant discourses of stress and coping. This literature offers an important area of inquiry and comparison to the stress discourses of participants in the present study.

Scott-Howman and Walls (2003) state that "recent amendments to health and safety legislation [in Aotearoa/New Zealand] require employers to protect their employees from harm caused by workplace stress" (webpage). The authors conclude that employers are ill-prepared to cope with these changes and:

...good procedures are essential, but as people respond differently to stress and vary their response over time, employers need to be able to recognize harm from stress, be aware of their responsibilities, and be equipped to deal with the issues as they arise (webpage).

The authors raise important points regarding work and stress. They encourage employers to take responsibility and emphasize the importance of safety mechanisms. These legislative

changes are reflected in the British *Health and Safety at Work Act 1974* which states that an employer is:

...to ensure as far as is reasonably practicable, the health, safety, and welfare at work of all employees [including] the demands of work, the way work is organized and the way people deal with each other... [In conclusion,] alongside the increased publicity and emphasis on the damage done by work, there has been increased legislation and litigation in this area in many countries (Jones & Bright, 2001, p.178).

The Confederation of British Industry (CBI) acknowledges that work stress is important for health and safety reasons but disagrees with whose responsibility it ultimately is (Wainwright & Calnan, 2002). This debate reflects the dispositional (individual) versus situational (environmental) factors definition above. The CBI argues that stress is an individual problem where it is difficult to separate the effects of work and home, however, it ultimately stems from individual susceptibilities to pressure (Wainwright & Calnan, 2002). Jones and Bright (2001) conclude that:

...it is clear that adequate assessment of work stress requires good theoretical frameworks and reliable and valid methods of measurement. It is equally clear that there is disagreement about which is the most appropriate theory and method. The purpose of the investigation will to some extent determine the methods used, and this in turn may be influenced by a range of assumptions about the nature of stress and where the responsibility for its effects should lie, in the individual or in the organisation. These factors will ultimately be reflected in the choice of intervention used to combat stress (p.196-7).

Current workplace stress theory and research is built upon earlier models of stress. There is a focus on identifying work stressors and how individuals can change or adapt to cope. Results of these studies suggest that good 'copers' are those who adapt successfully and is indicated by a good 'stress-fit' individual (i.e., one who exercises, eats well, relaxes and who perhaps meditates). The Consumers' Institute of New Zealand (1997) defines stress below:

This book has a strong message that the power to make real change rests with the individual affected. Too often it seems that people abdicate to others the ability to change, and then complain because the company or boss or government won't accept their view that the system is unfair. By all means complain if the 'system is unfair', but take responsibility for yourself now. Don't wait for systems, bosses, husbands, wives, parents or governments to change before you act (p.5).

The workplace stress literature generally focuses on psychosocial hazards and the development of risk assessment tools reflective of the stress theories outlined above (i.e., a biological focus, individual appraisal and coping efficacy, with successful coping occurring when one is stress-fit). The focus of interventions consequently has been on hazards in the *content* of work, including job content, workload or work pace, work schedule, and interpersonal relationships; and in the *context* of work, including organisational culture and

function, people's role within organisations, career development and home-work interface (Schabracq, Winnubst & Cooper, 1996).

The following quotation is the definition of stress provided by the Aotearoa/New Zealand Department of Labour (2003). It reflects current conceptualisations of stress and coping by linking stress and illness, individual difference, individual coping, changing external environments, and the inevitability and unavoidability of stress:

Stress – defined in terms of the interaction between a person and their (work) environment and is the awareness of not being able to cope with the demands of one's environment, when this realization is of concern to the person, in that both are associated with a negative emotional response (p.6).

### **Work and Home**

Literature on the interface between work and home extends current theories and models of stress and coping into the sphere of the home and family. This is also an enormous and continually growing field of inquiry.

The literature on workplace stress is commonly separated into two “functional domains”, home and work, where multiple roles within each sphere have the potential to cause stress (Kinman & Jones, 2001, p.199). There are generally three hypotheses: a) the *spillover hypothesis* suggests no clear boundary exists between the two domains of work and home; b) the *compensatory hypothesis* suggests that the positive and negative elements of one potentially affect the other; and the less common, c) *segmentation hypothesis* suggests that work and home are separate and should be researched as such. Kinman and Jones (2001) suggest that these hypotheses are difficult to confirm or deny owing to the diversity of variables used and the lack of definition of ‘work’ and ‘family’ used by many researchers. One final approach to stress at work and home is the *role conflict* theory. Individuals can experience conflict or stress between their roles at work and at home.

It is widely believed that work is a common stressor and I expected participants in the present study would take this view of work and stress. In the literature common outcomes of work stress are negative thoughts and mood, anxiety, depression, negative coping behaviours (e.g., alcohol abuse, physical ill health, fatigue), and negative impacts on personal relationships. Kinman and Jones (2001) suggest there is “little demonstrated conclusively” (p.208) about workplace stress although they list research linking job characteristics and stress with the negative spillover from work to home. This negative spillover, they suggest, is due to long

working hours, work overload, shift work, as well as deficits in task variety, leadership support, feedback, social support, and low levels of job autonomy. Negative spillover is also due to job insecurity, dangerous working conditions, inadequate salary, role ambiguity, the rapid pace of change, and interpersonal conflict. Due also to issues of inadequate training, working with people in distress, emotional labour, burnout/emotional exhaustion, threat to work reputation, low sense of professional efficacy, and insignificance within the work role due to negative spillover.

There are various explanations for the confusion and ambiguity that surround research on workplace stress (Jones & Bright, 2001). A biasing effect may inflate the results indicating that work causes stress because most people *believe* that work causes stress (Kinman & Jones, 2001). As work is viewed as external to the family, due to current publicity on workplace stress as well as legislative changes, blame for stress will more likely be placed on work (Kinman & Jones, 2001). Payne, Lane and Leahy (1989) suggest that this bias could be due to people generally blaming negative events on situations external to themselves.

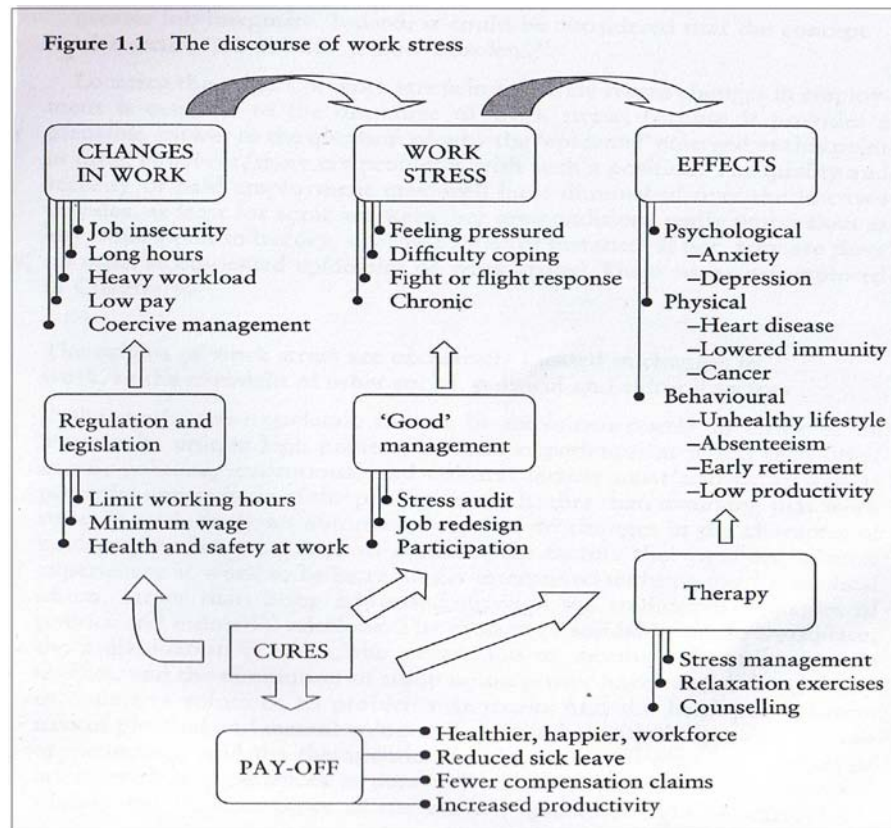
In this research literature family characteristics are also considered to adversely affect working life. The research suggests that family characteristics including marriage, good marital adjustment, presence and number of children, satisfaction with childcare, elder care responsibilities, family cohesion, time investment in family role, spouse's positive attitudes to partner's work, and availability of emotional/practical support, all affect stress levels (Kinman & Jones, 2001). There is a great deal of research linking interpersonal difficulties and conflicts at work to increases in difficulties at home. Kinman and Jones (2001) conclude that:

...in recent years, more sophisticated methodologies have been used to try to establish causation and examine processes (p.211)...currently, many studies are exploratory [regarding stress and the home-work interface] and offer insights that are fragmentary and difficult to integrate and compare because of the diverse variables that are used. Thus it becomes difficult to build and extend a knowledge structure. Despite the research challenges of this area, it is also an area of potential importance at a time when trends towards long hours and flexible working may mean that the boundaries between home and work become increasingly blurred (p.220).

In the literature the focus is generally on well-being and the management of people and stress. Following two world wars the social and economic needs of Western societies changed. Research initiatives were influenced by prevailing social needs and the changing constitution of work and family. This is reflected in law changes and a focus on workplace stress. In the literature interactional theories are characterized by models about 'person-environment fit'

and ‘demand-control’ aspects of experience where people are viewed as ‘copers’ or ‘non-copers’. The majority of the research has been on identifying stressful external factors and/or individuals’ reactions to stress. Below, Wainwright and Calnan (2002, p.24) illustrate the key elements in the work stress discourse:

**Figure 1.** The Discourse of Work Stress



Somerfield and McCrae (2000) conclude that “coping is typically viewed as a rational response to an objective problem, distinct from maladaptive and psychopathological processes, [and] which reflect inadequacies in the individual” (p.623). They question the clinical and theoretical value of the extensive research on stress and coping and advocate a focus on emotion rather than stress. This emphasizes the prevention of illness and the absence of psychopathology as the primary indicators of health and well-being. Calls to re-focus research attention on emotions (Lazarus, 2000) reflect a wider trend toward positive emotions (coined by Positive Psychology) (Styron, 2005). Somerfield and McCrae (2000), however, question how current mainstream stress and coping research might help to relieve suffering and they suggest:



...the benefits of coping [research] need to be modest...most people have spent years learning how to cope with both environmental and intrapsychic problems; they already know that they should not panic in emergencies, that it is sometimes useful to turn to others for help, that a stitch in time saves nine. Many people, in many situations, are already near the ceiling of their adaptive capacities...[that] certain of life's problems cannot be resolved by the efforts of individuals...[And that] group coping and organisation- or agency-level coping strategies may be the only avenue for reducing the strains caused by job stress (p.623).

## **Summary**

The majority of stress literature focuses on the prediction and management of individual reactivity. Some researchers advocate the study of emotion rather than a continued focus on stress *per se*. A number of researchers currently study positive emotion rather than distress or stress and its negative psychological effects. Recent models of stress and coping have built upon traditional conceptualisations of stress and the resulting theories form the foundation for intervention strategies. The debates in the field, of which there are many, are primarily about definition, methods and epistemology. Stress is viewed as related to environmental factors, individual responses and the relationship between the two, where people appraise their ability to cope. Stress is generally defined as resulting when a 'demand' exceeds an individual's capacity to cope, on the specifics of this definition there is much debate. Prevention and intervention strategies, presented below, are founded on these understandings.

### ***Prevention and Intervention***

Current mainstream theory suggests that prevention and/or intervention focus on removing the external causes of stress, changing the internal experience of the individual/s affected, or treating the outcomes of stress. Research on stress and coping has generally focused on job demands, optimism, work/home environment, social support, physical fitness, illness, job control, key life events, negative affectivity, emotion, physical support, financial support, family, coping perceptions, physical symptoms, and/or behaviour (Jones & Bright, 2001, p.224). There is also an extensive array of interventions designed to reduce the impact of stress.

A model proposed by Quick and Quick (1984) suggests three levels of work stress prevention/intervention programmes: a) *primary preventions* attempt to reduce or eradicate the external work stressor, b) *secondary preventions* attempt to reduce the intensity of the individual's response to a stressor, and c) *tertiary preventions* identify stress symptoms, provide interventions to reduce discomfort or distress, and attempt to restore function. Quick, Quick, Nelson and Hurrell (1997) identify three significant advances in our understanding of stress. Firstly, there have been gains in knowledge about the endocrine system and the

General Adaptation Syndrome (see Selye, above). Secondly, there have been significant contributions to social psychology, to knowledge of appraisal and coping, in psychoanalytic theory and clinical psychology. And finally, there has been an increased role by public health and preventive medicine in managing the occupational health risks of stress and psychological disorders at work. Literature on primary, secondary and tertiary level prevention and intervention is presented below.

### **Primary Level**

Stress prevention and intervention strategies at the primary level focus on the removal of the *cause* of the stressor in the environment. These strategies are generally seen in workplace settings where changes are made to a) the organisation, b) the individual's work role, and/or c) tasks (Newman & Beehr, 1979). Primary prevention according to Aotearoa/New Zealand Department of Labour (2003) is the elimination of work organisation stressors. Identification and removal of these stressors creates a "healthy place of work" (p.30). Examples of primary prevention strategies include the designing of safe and healthy workplaces, work schedules that are flexible and balanced, and family-friendly work places (e.g., flexible working hours). Primary prevention includes the identification of hazardous stressors, eliminating isolation and crowding, and the provision of physical barriers to avoid violence. The Department of Labour (2003) guide to '*Healthy Work: Managing stress and fatigue in the workplace*' states that:

'Stress management' is a popular way of addressing individual stress. This guide encourages instead a focus on the prevention of stress and the provision of healthy work. While 'stress management' can be considered one of the components of hazard management, it is not a sufficient solution in its own right and there is no convincing, consistent evidence that it is effective. A focus on the amount, content and organisation of work is essential if it is to be healthy, safe and productive (p.3).

The above quote reflects the dispositional versus situational factors model for identifying the causes of and solutions to stress outlined above. However, Jones and Bright (2001) suggest that although there is a great deal of research on the impact of workplace stressors much of it is contradictory and largely ignored in practice. They conclude that given the 'rhetoric of empowerment' there has not been an increase in the number of primary prevention strategies implemented by employers. The authors suggest that this is because the strategies are "both difficult and costly to set up and difficult to evaluate" (p.226). This is discussed further in the next section.

## Secondary Level

Secondary level programmes focus on the stress symptoms of individuals to prevent the development of serious disorders. These programmes, according to the Aotearoa/New Zealand Department of Labour (2003), are aimed at “improving the ‘goodness of fit’ between people and tasks” (p.30). Examples of secondary level prevention and intervention include:

...providing needed training, providing any needed mentoring and support for the person in the skills required for the job, providing performance feedback, assessing the workload-ability match, moving the person to a more suitable job, using best practice personnel selection procedures (p.30).

Stress management training (SMT) is a common secondary level prevention and intervention. Programmes generally include cognitive-behavioural strategies because self-talk is considered to be one of the primary causes of stress. Strategies generally focus on replacing negative internal dialogue with positive internal dialogue. Thought-stopping, distraction and reasoning are also strategies used to change or remove negative thoughts. Generally, SMT includes individual or group format relaxation, meditation, cognitive restructuring, assertiveness training and stress inoculation training (Jones & Bright, 2001, p.229).

Jones and Bright (2001) suggest that research in this area has shown a “small but positive impact” for SMTs (p.228). Ganster, Mayes, Sime and Tharp (1982) measured the effects of an SMT (16 hours of training over eight weeks) delivered to employees (n=79) of a social service agency in the UK. It included four sessions of cognitive strategies; teaching participants to recognize emotional and physiological reactions, to evaluate objective consequences and to think positively (i.e., “recognize and alter their cognitive interpretations to stressful events at work”, p.533). In the remaining four sessions participants were taught progressive relaxation techniques. Results comparing these strategies with controls showed a small reduction in depression, anxiety, and adrenaline secretion. These changes were maintained at a four month follow-up. The results were not replicated, however, when the treatment programme was delivered to the control group. The authors conclude that “the general adoption of such stress management programs was not recommended” (p.533). Other secondary prevention strategies are exercise, juggling, laughter therapy, neuro-linguistic programming, sunlight, and self-help books (Jones & Bright, 2001).

Meditation can be implemented as part of a SMT. Particularly relevant to the present study is the observation by Jones and Bright (2001) that meditation has not been a popular stress management technique. They suggest that this might be “because the association of

meditation with Eastern religions and with alternative lifestyles is not seen as consistent with the ethos of modern organisations” (p.231). Research is generally on meditation as a distraction or avoidance strategy and as a means of inducing relaxation and diverting individuals away from worries and concerns (Auerbach & Gramling, 1998). Part 2 reviews literature detailing meditation and specifically mindfulness meditation.

Positive results were obtained in Murphy’s (1996) analysis of four studies of meditation for stress reduction (between 1970 and 1980). Use of meditation as a relaxing and diversion strategy resulted in reductions in blood pressure, anxiety, and somatic complaints. Cooper and Dewe (2004) conclude that:

...managing [the] stressful encounter, [research] provided the climate for what became known as the *self-help* years. Self-help techniques (e.g., exercise, relaxation, meditation, bio-feedback, and philosophy of life) began appearing in the 1960s each with the aim of providing an inner sense of energy and well-being, and thus a greater capacity for dealing with and building resistance to stressful encounters (p.102).

Self-help literature on stress is a popular secondary prevention source. Texts generally advocate individual change using organisational and goal setting skills, learning stress resiliency, changing negative attitudes to positive ones, and attaining work/life balance (Kinman & Jones, 2005). One example from the Consumers’ Institute of New Zealand (1997) offers “attitudinal and lifestyle approaches to reduce stress and promote joy in living” (p.2) with exercises and practical solutions to reduce reactions to stress. Stress is defined by the Consumers’ Institute (1997) as “the whole *generalized* response of our minds and bodies to stressors, or those events in our lives that mean we have to change or cope in some way” (p.9). In this model stress is linked to “your approach to life” and the guide describes how to change thinking, develop physical relaxation, and cope with strong feelings.

A similar approach is presented by Auerbach and Gramling (1998) who also suggest stress results from cognitive appraisals. The authors suggest that an awareness of psycho-physiological responses helps individuals assess and manage their own and others stress. This learning model suggests that past experiences are also influential in the development of stress. Strategies for coping are related to personality traits developed in childhood, intelligence level and locus of control. The physiology of stress (the nervous system, endocrine and immune systems) and the relationship between stress and illness are discussed by the authors as are stress management and basic techniques for intervention. These include emotion-focused interventions such as progressive muscle relaxation, meditation, autogenics,

and biofeedback. Problem-solving models are included, as is social skills and assertiveness training. Prevention, post-vention and special topics are presented including drug use and abuse, and stress in the workplace. Programmes recommended include Meichenbaum's stress inoculation training, Ellis's rational-emotive therapy and Beck's cognitive therapy.

The secondary level strategies outlined above make intuitive and logical sense to stress management. However, Jones and Bright (2001) suggest that with most research and interventions it is not clear which aspects of the programme (i.e., its leadership, group size or programme content) are influential, which aspects lead to change, or how much of particular elements are therapeutic. These limitations are discussed further in the next section. Jones and Bright (2001) conclude that:

...much of the information and guidance in the popular self-help literature is not based on research findings...given the amount of self-help literature published, we really know little about whether it helps and, if so, in what circumstances it can be useful (p.235-6).

### **Tertiary Level**

Tertiary prevention strategies focus on the treatment of the symptoms of stress and prevention and generally involve counselling and staff training. These are referred to in Aotearoa/New Zealand as Employee Assistance Programmes (EAP) and have become more common in recent years. The Department of Labour (2003) suggest that tertiary prevention is aimed at people who are "regularly exposed to stressors and/or who [are] suffering the effects of stress or harm related stress" (p.30). Examples of tertiary prevention include the control of time and duration of exposure to stressors, staff induction on coping with shift work (possibly with partners), and training individuals to achieve desired outcomes at work. It includes training in time management/priority setting/clarifying goals, practical assistance for specific personal issues, temporary reduction of workloads, and short personal exercise programmes. Tertiary prevention includes critical incident debriefing, promoting employee involvement at work, and providing contact details for staff assistance (see Department of Labour, 2003, p.30).

### ***Strengths and Weaknesses***

A major strength of traditional empirically oriented approaches to stress is the vast amount of theoretical and research attention it has received. The limitations and/or weaknesses of the approach are discussed further below and in the next section. The position taken in this thesis is critical of traditional approaches. However, it is not intended to discount the magnitude and importance of the knowledge gained in the area.

The literature and research on stress emerges out of a Cartesian scientific approach with its emphasis on reason and rationality. The success of Western medicine with pathogens and infectious diseases lead to the expansion of this approach to more chronic health problems, such as heart disease and stress. Developments in the psychological and medical fields have lead to a much greater understanding of suffering and illness. For example, Selye's general adaptation syndrome expanded previous understandings of stress to include the way stress impacts on physiology. This has lead to a number of important gains (e.g., development of specific medications, treatment approaches such as relaxation and meditation). Cooper and Dewe (2004) suggest that the stress research endeavour has reached "every facet of working life and beyond" and that this enormous volume of research has reached a "level of maturity" (p.109).

The treatments that have emerged are reasonable and rational approaches to stress management. Through this approach experiences of stress and suffering have gained a measure of predictability and control. Broad generalizations are possible about the complex experiences making up stress. For example, it is useful to address the situational aspects of stress through primary prevention, to provide education and training programmes in secondary prevention and counselling as a tertiary level prevention. These approaches can reduce suffering and stress and help people become more aware of and manage difficult events (either internal or external). Cognitive strategies aimed at managing overwhelming emotions are also useful. Practicing time management, relaxation and attending to physical problems have proven benefits when applied to stress. Moos and Holahan (2003) suggest that a focus in the research and treatment of stress on:

...coping dispositions and coping responses [does] emphasize that individuals are active agents who can shape the outcomes of stressful life circumstances as well as be shaped by them (p.1399).

A wealth of information available in traditional approaches to stress has lead to a growth in applied approaches. Examples are the organisational impact of stress on productivity, issues of effectiveness and job satisfaction as well as offering recommendations at organisational levels and on issues of leadership (Arnetz & Ekman, 2007). Traditional approaches have gathered a vast amount of information on this complex subject. Cooper and Dewe (2004, p.115) ask "what is the concept that researchers can organize around that will provide the basis on which to build our theory of stress?" The authors suggest that the attempts to discover a concept to organize the field lead to a vast array of perspectives and some measure

of agreement on stress with much “discussion, debate and controversy” (p.36). The 1950s and 60s were dominated by “new opportunities, new ideas and new frameworks for doing research” (ibid, p.65). The call to refocus stress research on emotion can be seen as further attempts to organize this complex field. The authors suggest that the field of stress research has:

...provided researchers with a set of experiences for evaluating progress, for questioning accepted practice, challenging old interpretations, searching for new meanings and developing confidence in exploring, developing and presenting creative and ecologically sensitive methods that are now beginning to establish themselves as the hallmark of contemporary stress research (p.109).

A focus on physiology and neurobiological process in stress has enabled a wider exploration of issues such as obesity, diabetes, metabolic syndrome, chronic pain and the growing list of chronic medical conditions associated with stress (Arnetz & Ekman, 2007). This approach can help clinicians identify needs and develop treatment plans (e.g., to teach situation-specific stress management skills as well as more general coping skills) (Moos & Holahan, 2003). It enables the assessment of stress and coping over a multitude of various situations.

A focus on the mechanisms of change and the inter-reaction between individuals and their environment enables the development of focused treatment strategies. The view that psychosomatic illness can result from stress has enabled a broader focus on personal and contextual issues that contribute to illness. Similarly an assessment of coping dispositions and skills can help increase people’s awareness of their coping abilities and potential areas of weakness. This enables the prediction of responses to particular treatment interventions or communications. It can help in the monitoring of stability and change with treatment and the assessment of changes in coping over time. It may also enable a greater understanding of the effect of life events (Moos & Holahan, 2003).

Clinician-based and self-report stress instruments can be used to assess coping qualities and are useful in predicting responses to psychotherapy (Fisher, Beutler & Williams, 1999). Understanding how people view themselves might help a clinician assess for depression (Moos & Holahan, 2003). Personality dimensions (e.g., dispositional optimism, sense of coherence) can be used in needs assessments, as well as in predicting responses to treatment regimes. Gender differences can also be assessed, to more specifically target interventions. For example, there can be a higher risk of suicide in men who have a low sense of coherence.

A particular strength of models such as Moos and Holahan's (2003) integrating dispositional and situational approaches is the connection they make between personal and social resources when addressing stress. This conclusion, the authors suggest enables the shaping of cognitions and contexts to help alleviate stress. Where mental illness is related to avoidance rather than approach coping, specific treatment strategies can then be developed. Moos and Holahan (2003) conclude:

...the clinical disciplines have witnessed a rapidly growing literature on the conceptualisation and measurement of coping and on the role of coping in confronting stressful life circumstances and maintaining adaptive functioning (p.1387).

Despite obvious strengths traditional approaches have a number of limitations. These are referred to in detail in later sections. A major weakness, however, according to Lazarus (1993), is that the field is beset by the 'bewildering' use of the term 'stress'. As will be discussed further in the next section, Pollack (1988) asks if stress is a scientific reality or a culturally manufactured "social fact" (p.381). The difficulties evident in the field provide both a fertile area of inquiry but suggest a high level of complexity. In fact, Cooper and Dewe (2005) suggest that an "unquestioning acceptance on reliability [in stress research] has been at times at the expense of relevance" (p.116). The present thesis is an attempt to provide theoretically driven research to expand understanding, to provide more relevant research in addressing stress and exploring mindfulness.

The focus of stress research primarily on dispositional versus situational factors and/or appraisal and reaction processes which constitute the majority of stress research, may have limited use. It may be that the research and treatment has become too 'fine tuned' and insular (see Jones & Bright, 2001). For example, Moos and Holahan (2003) suggest, contrary to that stated above, a focus on dispositional styles has limited use for predicting responses to stress in varying situations. And the reverse criticism is that a focus on situational factors limits the understanding of reactivity. A focus on emotion as a response-based definition of stress can "underemphasize the characteristic of conditions and of individuals that may increase or decrease the intensity of particular responses" (Lobel & Dunkel-Schetter, 1990, p.215). A weakness of approach/avoidance response models is that they can "oversimplify the process of adaptation" (Moos & Holahan, 2003, p.1395-5).

Lazarus and Folkman (1984) suggest that viewing stress as a response is circular. If emotional distress or physiological disturbance defines stress then it becomes impossible to identify stressors. A perspective suggesting:



... that individual perceptions or appraisals are more central to conceptualizing stress than events or conditions in the objective environment or physiological and emotional responses (Lobel & Dunkel-Schetter, 1990, p215).

Finally, a weakness of this approach is its focus on objectively identifying stress. This problem is evidenced in the Lobel and Dunkel-Schetter's (1990) study. Pregnant women with chronic financial difficulties, few socioeconomic resources, and little information on pregnancy, were assessed for stress levels to develop a two-factor model of stress. Although not a recent study, it reflects what has become a major limitation of many traditional approaches. The study found that the women were "not very high in perceived distress overall" (p.225). This result, I suggest, could be further explored in relation to the definition of stress used. It is difficult to imagine how the women's experiences could not result in distress.

### **Summary**

Primary, secondary and tertiary level prevention and intervention strategies incorporate mainstream theory and models of stress reduction based on traditional medical, physiological and psychological approaches. Primary prevention models focus on removal or elimination of external stressors but appear to lack research regarding its effectiveness. Secondary strategies include stress management training that helps individuals manage personal stress. It appears that there is a paucity of research on the efficacy of these approaches and few definitive conclusions regarding their usefulness. Tertiary level programmes are aimed at individuals who have identifiable stress symptoms.

In conclusion, outcome studies show some positive gains from these programmes, but there is little conclusive evidence regarding efficacy (see Jones & Bright, 2001). Jones and Bright (2001) conclude there is a lack of a clear differentiation of stress from concepts such as *strain, pressure, demand, and stressor* (p.4) and that "there seems to be a shortage of adequate models and theories to guide research and practice" (ibid, p.251). They state that:

...stress covers a multitude of possible symptoms and...many different psychological and environmental factors have been implicated as causes. In the light of this perhaps we should not be surprised that many different interventions have been designed to reduce stress. Despite the multi-faceted nature of stress, many of the interventions that have been reported appear to focus on particular symptoms using relatively narrow treatment regimes (p.223).

In the literature and research, stress definitions range "from highly specific to the extremely general" (ibid, p.6) and diversely include the effects of environmental conditions, of

frustration or threat, of stimuli and/or response (and their relationship), of demand and response imbalances as well as their perceived consequences, and much more.

### ***Conclusion***

The literature on stress has been criticized for lacking consensus and the debate rages over its definition, causes and solutions. There is consensus, however, in the view that the individual is the site of change, that although external factors are considered influential in the development of stress, it is the responsibility of the individual to adapt and change to remedy stress. There is consensus in the view that stress indicates a need for change or adaptation.

Theories of stress centre on the view that it is either environmental or individual or a combination of the two. Theorists generally suggest rational, logical, 'cause and effect' solutions to stress and/or its negative emotional reactions (and more recently, introducing the study of positive emotions). Prevention and intervention strategies aim at helping people manage stress. There is widespread disagreement in the field and it appears to be at the level of epistemology and method. There is very little research on stress that addresses its ontological basis and the fundamental notions of self, knowledge, and the nature of being, upon which stress research is based. In the following section literature is presented that is critical of current theory and method in stress research.

## **Theory and Models of Stress II**

In this section literature critical of traditional empirically oriented approaches to stress is presented. The literature highlights a number of limitations and supports the need for more in-depth, theoretically driven research. Common critiques are that stress research lacks an adequate definition of what constitutes stress and coping, how the experience of stress is measured, and questions a number of the basic assumptions upon which the research rests. In this section literature is presented identifying common stress myths, the social influences of stress, and specifically addressing traditional approaches. Literature presenting alternative conceptualisations of stress is also presented.

### ***Stress Myths***

A number of stress myths have been identified by various authors (Doublet, 2000; Jones & Bright, 2001). The notion that stress causes illness is common and is often presented as a *fait accompli*. This may not, in fact, be the case. For example, McKenna, Zevon, Corn and Rounds (1999) suggest that the widespread belief that stress causes breast cancer is a myth.

A number of myths surround the nature of stress and skin diseases (Picardi & Abeni, 2001). There is a great deal of literature questioning the stress and illness link (see Kugelman, 1992, Pollock, 1988). One consequence of this conceptualisation of stress is that individuals come to believe they are exclusively responsible for their own health and wellbeing. Stress is said to arise from an individual's appraisals and reactions, therefore changing appraisals and reactions will mean stress and illness decrease. One result of this perspective is that being stressed becomes an individualized and isolated experience.

Jones and Bright (2001) conclude there are multiple aspects to the development of ill health, these include genetics and accidents. In fact, stress might not account for a great deal of the variance when all factors are considered. Because of slow-moving change in the development of illness it is difficult to conclusively pinpoint specific psychosocial factors. To conclude that stress causes illness, the authors suggest, measurement must occur consistently over long periods of time. This is not generally demonstrated in the stress research. The authors also suggest that what constitutes health is not clearly delineated in the literature. Costa, Somerfield and McRae (1996) conclude that stress and coping have come to be seen as a different process to that of normal human interaction and illness, and this has implications for treatment.

An example of the implicit connection between stress and illness is offered in a self-help guide to stress by the Consumers Institute of New Zealand (1997). The assertion here is that there are *links* between stress and coronary heart disease, asthma, arthritis, headache, muscular disorders, depression and the common cold. The guide concludes with "stress is unlikely to be the only cause of an illness" (p.37). In the quote below stress is linked to the development of illness and is associated with individual personality variables:

Is stress implicated in cancer? An increasing body of evidence suggests that it may be in part because of research that links high stress levels with reduced immune function, and also because of the identification of a 'cancer-prone personality' profile. But is there a causal link between stress and disease? We say there isn't although stress unquestionably *contributes* to disease and our ability to cope or heal (Consumers Institute of New Zealand, 1997, p.32).

In Kenny's (2000) discussion of stress and health she states that "biopsychosocial models *link*<sup>5</sup> stress, coping, and psychological adjustment with health and illness [and that stressors] are consistently *associated* with autonomic and neuro-endocrine responses, which *in some cases* result in down-regulation of the immune system, thereby rendering the organism more

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<sup>5</sup> Italics are mine in this paragraph.

vulnerable to illness” (p.88-89). It is a common idea in medical and psychological texts that *links* exist between stress and illness. There is little proven certainty for this idea, however, there is a common causal connection in much of the literature.

It is a myth, suggest Jones and Bright (2001), that stressed executives usually develop heart disease and the literature in this area is fraught with disagreement. In fact, this is a myth because high levels of heart disease are also found in people in lower levels of organisational hierarchy (Bosma, Marmot, Hemingway, Nicholson, Brunner & Stansfeld, 1997). It is also a myth that people differ in their reactions to stressors due to personality traits. Jones and Bright (2001) suggest that the scientific evidence for this assertion is minimal and that differences in situational and demographic variables are more likely than personality traits to account for individual reactions to stress.

A common, widely accepted myth is that stress is easily identified using a simple questionnaire. A number of critiques of the use of inventories suggest that the lack of a clear definition of stress makes its measurement problematic. There is a lack of agreement on the notion of stress as an external objective event, an internal subjective experience, or both. The following quote by Cooper and Dewe (2004) highlights the vociferous nature of debate in the area:

The debate about confounding and objective-subjective stressor measurement was something more than a debate about critical life events versus daily hassles and uplifts, although it was, to begin with, argued out in that context. It was much more fundamental than that, because it was a debate aimed at the very nature of stress, and those psychological processes that link the individual to the environment...It is a debate that occurs time and time again in the history of stress, because it has at its heart how we conceptualize stress, how we measure it and how we explain our results. It is the never ending story because it reflects where we have been, where we are now, and where we are going (p.51).

Jones and Bright (2001) suggest that some mainstream interventions may help with mood and physiological function, but because the mechanisms of change have not been clearly identified, this claim is tentative. The benefits of these interventions may or may not mean that the person improves in their “ability to manage in the face of stressors” (Jones & Bright, 2001, p.250). It may simply mean that the person knows how to meditate or get relaxed as opposed to knowing how to cope effectively with stress. Similarly, changing the layout of workplaces and removing stressors have not proven to be completely successful in reducing stress. Briner (1997) suggests that workplaces have implemented stress policies based upon very little sound evidence.

Finally, it is considered to be a myth that stress is on the increase or reaching epidemic proportions. The ‘fast pace of life’, a ‘lack of community support’, the notion of an ‘idyllic past’ and other similar conceptualisations of stress, occur as narratives that have been popular for over 100 years (Brown, 1999; Kugelman, 1992). The presentation of literature on stress myths points to a number of limitations in stress research and literature. Literature highlighting the social influences on the development of stress is presented below.

### *Social Influences on Stress*

Because of their technological objectivist bias, some therapists keep examining “interventions” as if they were concrete entities to be isolated, identified, refined, patented, and used as weapons in the war against psychological dysfunction. Thus they keep missing the boat (Efran, Lukens & Lukens, 1990).

It may be that stress research itself contributes to the ‘problem of stress’ (Jones & Bright, 2001). As the quote above suggests, it may be the use of particular methods of inquiry that limit our understanding. In connecting stress with illness and remaining focused on individual coping abilities, the social relations embedded in culture and their influence on how stress is defined, may be neglected. Expanding our understanding of stress is possible by addressing the social influences on how stress is ‘known’. Traditional research has provided valuable information to help people cope with stress. However, the debate and ambiguity in the field point to a need for in-depth theoretical study of this complex area.

Meyerson (1994) concludes that the dominant discourses of stress reflect social constructions of dominant ideologies in society and in workplaces. In fact, Furedi (2004) suggests that the uncertainty of the twenty-first century is reflected in notions of a disempowered self that can be found in trauma, anxiety and stress discourses. Wainwright and Calnan (2002) conclude:

...in both the public debate and the lay accounts, work stress is an amorphous category, often poorly defined, and capable of supporting quite different interpretations and explanations (p.23)...This putatively causal series of relationships between changes in work, the experience of work stress, and negative effects on health, is the central mantra of the work stress discourse (p.25).

The Harkness, Long, Bermbach, Patterson, Jordan and Kahn (2005) study suggests there are legitimating processes occurring in the dominant discourses. These discourses reflect power relations and social structures that “mak[e] available particular experiences” (p.126) while minimizing the possibility for alternatives:

...although the stress discourse was described by clerical workers [in the study] as an acceptable means of communicating negative experiences at work without overtly blaming or offending anyone, the vagueness of the term 'stress' silences alternative constructions of work stress, and hence finding solutions becomes more difficult (p.132).

The results of the above study suggest that stress was viewed as abnormal where the women believed it was unsafe to show their feelings about being stressed. The authors suggest the women normalize their stress and internalize their reactions. However, in doing so they failed to account for how these experiences might be stressful because of low pay, their socialization to be responsible for family, and/or being treated disrespectfully because of gender and their low position in the hierarchy of the organisation.

In Kranz and Long's (2002) study, women's stress or distress was not seen as indicating the presence of legitimate grievances that could account for their stress. Social and contextual factors such as "poverty, poor housing, ill health, poor management policies, [and the] distribution of household/childcare tasks" (p.528) were also responsible for the women's stress. However, when it was internalized and viewed as an individual's problem these factors were not acknowledged. This study of two women's magazines found that the stress interventions recommended to readers failed to account for women's social relations of power. Stress interventions recommended in the magazines aimed at changing how women think, feel and behave. It was suggested that women needed to "admit to being human, eat nutritionally, meditate, do one task at a time, say 'no', practice yoga, ignore their feelings, exercise, think positively, and stop catastrophizing and 'what-ifying'" (p.528).

In Brown's (1999) study of over 100 years of self-help literature, he noted that stress is conveyed as needing to be *dealt with*, that it is the individual's *approach* and how they manage their stress, that is the primary focus of interventions. Similarly, Kranz and Long (2002) suggest that in the women's magazines, strong associations linked stress management to buying products and services. Shopping was viewed as a mood enhancer and discursively connected to women's evolutionary role as *the gatherer*. The author's conclude that "this implies that shopping, as a way of coping with stress, is an inevitable part of women's evolutionary history" (p.527).

Advertising and shopping are consistently connected to feeling good and as a solution to stress. In the Kranz and Long (2002) study stressed women were encouraged to buy products and services to feel good about themselves. The women were encouraged to defer to experts for stress advice and a cure which, the authors suggest discourages women speaking for

themselves and thus diminishing their agency. Furedi (2004) concludes that when people defer to professionals for health cures they may lose the ability to develop insight and intuition and because of this fail to develop a sense of agency.

Rose (1999) points to the coinciding development of psychology with a diminished sense of personal agency in Western societies. While Kranz and Long (2002) concur that “by classifying women’s behaviours and characteristics as a personality type, these behaviours are [then] individualized and naturalized” (p.526). In the women’s magazines stress was considered to be pervasive and unavoidable (i.e., an epidemic) and women were encouraged to resign themselves to this fact, making changes within themselves to reduce or avoid stress.

The dominant stress discourse is legitimized by connecting behaviour and health risk. This process of legitimating is an important aspect in the continuing construction and reconstruction of the stress concept. A growing number of arguments suggest that the evidence linking stress and illness is at best tentative (see Jones & Bright, 2001; Kugelmann, 1992; Newton, Handy & Fineman, 1995). However, a common theme is that stress is normal and a threat (Kranz & Long, 2002). Stress is conceptualized here in the terms developed by Cannon and Selye in the early twentieth century. Kranz and Long (2002) conclude:

Women are told they can overcome (‘cope with’) stress by shopping, consulting experts and changing how they think, feel and behave. As such, the burden of responsibility is placed on women’s shoulders and contextual factors (for example, unreasonable work expectations) are ignored, as is the uncertainty of modern life (p.528).

Similar concerns are expressed by Kelly and Coloquhoun (2005) in their exploration of the professionalization of stress management among teachers. They state that changes in the organisation and practice of teaching have led to large numbers of teachers seeing themselves as stressed. The authors suggest there is a concomitant increase in strategies developed by professionals encouraging teachers to govern their own health and stress and to do this in a way that improves the effectiveness of their schools.

One critique of stress management interventions is that they are intended to increase efficiency while keeping employees from mentally breaking down. Newton (1999) suggests this is done by maintaining a focus on the highly individualized worker and their ability to cope or not. Rather than providing for the health of the worker, services instead are implemented out of a need by employers to maintain levels of production. Similarly, in the Harkness et al. (2005) study, the women clerical workers did not view stress management

training as useful and it failed to meet their needs. Instead the women were more concerned about the impact of a 'black mark' against their name and of appearing to be a 'trouble maker' if they disclosed stress. The women's personal solutions were not aimed at themselves but were to promote respectful and harmonious communication, compassion, harmony and kindness among their colleagues and to minimize conflict and confrontation.

It has been suggested that cures and therapeutic interventions on offer may themselves reflect and promote vulnerability and powerlessness. Wainwright and Calnan (2002) suggest this may be the case where the notion of the *hazardous workplace* is constantly reinforced. Their findings come from two studies in the United Kingdom, the first on work and health, and the second on occupational group's in general medical practice.

A consistent finding in the work stress literature is that managers consider employees are responsible for managing their stress (Dewe & O'Driscoll, 2002; Kinman & Jones, 2005). However, in the Harkness et al. (2005) study the women clerical workers considered management incompetence was responsible for, and the cause of, their stress. The women's discourse shows them rejecting self-blame in an attempt, the authors suggest, to gain some measure of control. One woman concludes:

We're 'workshopped' to death on this stuff and it comes down to common sense and just being nice to people...I think we are creating, um, more stress for ourselves by buying into all these workshops...it's ridiculous. I think it's feeding into keeping it going instead of stopping (p.132).

The authors of the study suggest it is discourse that leads to the women's powerlessness and victim stance when stressed. They conclude that "stress management programmes do not acknowledge the influence of this stress discourse and tend to place responsibility for change on the individual, alternative interventions need to be found" (ibid, p.133).

The recommendations of this study are that new discourses are needed that focus on human agency. Experts need to facilitate accountability and respectful communication rather than teaching people how to cope with stress. Workplace relationships need to be based on an absence of domination of one person over another. The authors recommend that people stop attempting to convert others to a *right way* of thinking and living and workers be viewed as their own experts on what brings them a sense of well-being. Harkness et al. (2005) suggest addressing and eliminating forms of thinking and speaking that lead to feelings of loss of



control, failure and incompetence, and framing problems and solutions as *interactions*, rather than continuing to focus on the individual. The authors conclude that:

...rather than looking at individual weaknesses, attitudes, or ability to cope with stress, which could be described as a deficit model, we could move towards more collective responses and dialogues that focus on more respectful communication and on assisting individuals and groups to realize their strengths and passions...Given the vagueness of the term 'stress' and its abstract nature, it is important to encourage the use of more specific terms and frameworks that allow us to understand the wider societal and cultural influences on how we understand and experience our environment (p.134-5).

Four ideological approaches dominate occupational stress discourses according to Levy (1990): a) a humanistic-idealistic desire for a good society and working life; b) a drive for health and well-being; c) a belief in worker participation, influence, and control at the individual level; and d) economic interest in the competitiveness and profits of business organisations and the economic system. Levy (1990) suggests that “to a large extent, the impact of stress research depends on the political priorities that these four value areas obtain” (p.1144).

The literature in this section discusses the social influences on experiences of stress. This literature is contrary to that presented in the previous section where discourse is focused on individual experiences, particularly problematic thoughts and emotions. In the next section literature is presented that is critical of current scientific research on stress.

### *Critique of Current Approaches*

Mindfulness programmes and research have emerged in the West in psychological and medical settings and are increasingly implemented in workplaces and public settings. To answer questions about mindfulness at the ontological level, it is necessary to explore the socially constructed nature of experiences of stress. The literature presented here points to the limitations of traditional approaches to the topic.

The hypothetico-deductive methods at the foundation of stress research may limit the questions it is possible to ask. This in turn may limit the understanding of stress (Harkness, et al., 2005). The transactional model of stress (see Lazarus & Folkman, 1984) has come to dominate the academic stress literature. Appraisals and coping strategies are specifically a mechanistic, rationalistic and individualistic view of human experience. This view may fail to fully account for how social relations and institutions contribute to and define people's experiences of stress (Harkness, et al., 2005). In everyday stress discourses the individual, their instincts, appraisals, and/or “their outmoded physiology, or their sense of their

psychological environment” are primarily the foci of research and treatment (Newton et al., 1995, p.18). Crosby and Nightingale (1999) conclude that “the specters of Cartesian dualism, biological reductionism and essentialism continue to haunt the body” (p.11). Newton et al., (1995) suggest that this results in stress being “decontextualized, apolitical, ahistorical and decollectivized” (p.18).

Many of the criticisms of stress research relate to the gap between theory and method. Problems arise when researchers focus on partial aspects of individual experience rather than the wider and more complex interrelationships among wider influences (Jones & Bright, 2001). One solution to this dilemma has been a call for a paradigm shift, for alternative ways of framing the issues and for more holistic approaches as well as micro-analytic approaches and broader theoretical frameworks (Jones & Bright, 2001).

Harkness et al. (2005) question if there is “anything about the way in which we attempt to address the issue of work stress that may limit or perpetuate the problem?” (p.122). They conclude that the discourse on stress of the women clerical workers in their study could be viewed as a socially acceptable method for communicating discomfort. In this study the ‘medicalization’ of stress was evident in the women’s discourse of the *epidemic of stress*, its health effects, and in the view of themselves as *patients*. In fact, various authors point to a sense of powerlessness and lack of control engendered by the subject position of *being a patient* (see Furedi, 2004; Rose, 1999). The disease model adopted by stress researchers is popular in the public and epidemiological imagination (discussed further below).

In the Harkness et al. (2005) study the women’s stress discourse is characterized by a sense of helplessness and ambiguity that the authors attribute to their place in the organisational power structure and their limited sense of agency and control over their work problems. The study found that stress was also considered beneficial by the women, too much stress causes harm, and that stress was an inevitable and necessary part of life. Stress is talked of as *everywhere* and *unavoidable*, as increasing to *epidemic* proportions and very costly to society and individuals. This discourse appears to normalize the women’s distress and normalize their workplace (Harkness, et al., 2005).

The Lewig and Dollard (2001) study of the social construction of stress in Australian newsprint media (1997-8) also found that the notion of stress as an *epidemic* was common. Media references suggested that stress was a workplace problem, a public sector problem,

viewed as costly and an *epidemic*. Although the workplace was considered the cause of people's stress over half of the media articles in the study recommended strategies that focused on individuals' coping abilities. The most prevalent *voices and ideologies* in the newspapers were those of union officials, experts/professionals, employers, public sector officials and the government.

The traditional conceptualisation of stress suggests a limited number of possible ways for people to understand themselves and their distress. Pollock (1988) suggests the current conceptualisation of stress is reflective of characteristics of a modern industrial society. In the past misfortune and illness were not connected discursively this way. Harkness et al. (2005) suggest that how stress is conceptualized in Western society is a "culturally dominant way of understanding the world" (p.122). Citing Scott (1990, p.135-6) the authors suggest that "the stress discourse is an historically, socially, and institutionally specific structure of statements, terms, categories and beliefs that are embedded in institutions, social relations, and texts" (Harkness et al. 2005, p.122).

The above review points to decades of stress research providing a great deal of information. However, there remains a level of confusion and uncertainty about stress (Harkness et al., 2005; Jones & Bright, 2001). Wainwright and Calnan (2002) conclude that:

...the discourse of work stress, as it is described...and as it is represented in the law courts, government and trade union policy and popular culture, and manifest in lay accounts of the phenomenon, is unsatisfactory...the network of alleged relationships that comprise the discourse of work stress is derived from a selective interpretation of existing empirical evidence, and that the assumptions on which much of that empirical evidence is based are also questionable and open to reformulation (p.25).

### ***Alternative Conceptualisations of Stress***

Engineered grief [or stress] did not exist prior to the nineteenth century. We find none of the conditions for its appearance, which depended upon the confluence of several factors: industrial development, with its social displacements and transformations of the lifeworld; the engineering mentality; the anatomical gaze, making the body's interiority visible and identical to nonliving matter; the harnessing of the will for work, progress, success; the lively awareness of living in a time of transition, during which the external supports of authority and tradition were in decline. The common denominator in all of those factors is grief over unresolved losses (Kugelmann, 1992, p.143).

As the above quote suggests, stress as a social construct, emerges out of and influences the social structure. Kugelmann (ibid.) suggests that the rise of medicine and psychology influenced, and were influenced by, constructs of self, thought, emotion, mind and the nature

of 'man's [*sic*] place in the world'. In fact, Brown (1999) states that books on stress in a self-help format have been published since the late eighteenth century. He concludes that:

...the overall achievement of the narrative is to effect a generalized transformation of practically all kinds of social hardship and dis-ease into the phenomenon of stress (p.27)...In the hybrid of Western neo-classical economics and Eastern spirituality, the latter could certainly be more fully engaged with, hopefully to the occlusion of the former (p.40).

In Brown's (1999) discourse analysis of 100 years of self-help texts, findings show how various metaphors and narratives regarding stress have existed over time. He states that narrative devices were used to construct stress as a *problem* to be *solved*. Stress was conceptualized as *the* twentieth-century disease, a primitive response syndrome, and was attributed to the fast pace of modern life (a narrative that is over two hundred years old). Stress has become viewed as the need to change appraisals and results from juggling work and home. According to Brown (1999) the advice on offer solves stress only if the person takes *personal responsibility* for enacting the "bizarre advice [because] the problem lies within themselves" (p.31). The rhetorical narrative devices used in these texts conceptualized stress as *heat*, with analogies to war, with engineering and computational models of the body, and with notions of a *serviceable* self. Brown (*ibid.*) states that the values produced by the *vacuousness* of these devices produce a form of *soft capitalism* which is:

...indissociable in the West from a technical-rational grasp of regimen as the means by which self can be 'improved' and 'serviced...[and where] a market-driven grasp of the socio-economic order as a non-zero game [is] played by successful entrepreneurial selves who grasp the complexities of the world by way of a taste for hastily packaged metaphysics (Brown, 1999, p.37).

These rhetorical devices suggest a "desired self as a product to be engineered" (Brown, 1999, p.37). Brown suggests that alternative descriptions could emphasize pollution and environmental abuse rather than the fast pace of modern life. Instead of a focus on *juggling home and work*, stress is better understood by how the historic absence of adequate child-care provision causes huge levels of stress. Rather than war and engineering analogies the focus could be on civic debate and care for oneself and others (*ibid.*, p.40).

The author concludes that a scientific approach can help us understand distress, although he is concerned about its "technical control of representation". Discourse analysis highlights the complexities of "how a techno-scientific culture distributes knowledge (always, it seems, unfairly)" (*ibid.*, p.40). A "rampant apolitical individualism" (*ibid.*, p.40) is evident in the texts of self-help books. Brown concludes that an alternative conceptualisation of stress may

be to delineate future possibilities and remedy the multitude of problems in the stress and coping literature.

### **Summary**

The above literature critiques traditional approaches to stress. A number of foundational ideas in popular imagination and in the literature remain unproven. In particular the notion that stress inevitably leads to disease and illness. The literature presents criticism of the focus on the individual and neglect of social influences on stress. The positivist epistemology that dominates the field is criticized as narrow and limited. Various solutions to the problems of current stress research were presented.

### ***Conclusion***

A broad range of theories and treatments from the stress literature have been presented, where critique and debate are extensive. Stress, as a construct in its current form, was unimaginable before the seventeenth century (Kugelman, 1992). In this thesis, to understand the current conceptualisation of stress it has been useful to reflect on the history and development of the concept. The critiques of the stress literature highlight some of the problematic areas in stress research where “ambiguity lies at the heart of the work stress debate” (Wainwright & Calnan, 2002, p.8). The stress literature is criticized for failing to account for social and political influences. Solutions to stress offered in traditional literatures are critiqued for their focus on mechanistic, rationalistic, and individualistic explanations and solutions. These solutions are criticized for reducing the likelihood that people become active agents in the world. The critiques highlight the need to address stress from alternative perspectives.

## **Part 2 – Mindfulness**

Literature on mindfulness is reviewed below. Various definitions and approaches to mindfulness from Buddhist psychology and the self-help literatures are outlined. The mainstream mindfulness literature follows. The earliest research in this area began by describing mindfulness and later moved to explorations of its properties and qualities. The literature from contextualist and constructionist approaches is presented and indicates a number of issues and concerns raised in the area.

## **Buddhist Psychology and Self-Help Literature**

We have all tasted the boundarylessness of awareness on those occasions when we were able to suspend our own point of view momentarily and see from another person's point of view and feel with him or her. We call this feeling empathy. If we are too self-absorbed and caught up in our own experience in any moment, we will be unable to shift our perspective in this way and won't even think to try. When we are self-preoccupied there is virtually no awareness of whole domains of reality we may be living immersed in every day but which nevertheless are continually impinging on and influencing our lives. Our emotions, and particularly the intensely afflictive emotions that "sweep us away," such as anger, fear, and sadness, can all too easily blind us to the full picture of what is actually happening with others and within ourselves. Such unawareness has its own inevitable consequences. Why are we sometimes so surprised when things fall apart in a relationship when our own self-centeredness may have been starving it of oxygen for years while preventing us from seeing and knowing what was right beneath our noses the whole time? (Kabat-Zinn, 2005, p.169).

The above quote from one of the originators of mindfulness-based stress reduction describes mindfulness. The following literature presents various interpretations. There is a great deal of literature on meditation and in recent years more on mindfulness. There appears to be equally as much debate and controversy in this area as there is on stress. Gunaratana (1992) states:

There are many, many books on the subject of meditation. Most of them are written from a point of view which lies squarely within one particular religious or philosophical tradition, and many of the authors have not bothered to point this out. They make statements about meditation which sound like general laws...the result is something that is a muddle. Worse yet is the panoply of complex theories and interpretations available, all of them at odds with one another. The result is a real mess and an enormous jumble of conflicting opinions accompanied by a mass of extraneous data (p.13-14).

In general the literature discusses two broad forms of meditation. One form is the concentrative or focal form that involves focusing attention on a single stimulus (e.g., a word, phrase or image). The other is a non-concentrative approach, "an openness and expansion of the meditator's field of attention" (Auerbach & Gramling, 1998, p.133) to include all experience. This approach is termed absorption or contemplation. Both forms teach "mental skills, modes of functioning or qualities of consciousness" (Guranatana, 1992, p.v.). The concentrative forms are the most commonly used, transcendental meditation being the most widely known. Auerbach and Gramling (1998) suggest that all forms use a quiet environment, a mental device and a passive attitude, and adopt a comfortable position to practice.

Girdano et al. (1997) suggest that "one of the main benefits of meditation is an increase in one's resistance to negativity" and that "practiced meditator's learn to eliminate the surface chatter of the mind, the constant thinking, planning, remembering, and fantasizing that

occupy the mind every waking second” (p.241). This is a common definition of meditation and one that is not necessarily consonant with mindfulness. Hayes et al. (1999), for example, suggest that it is not possible to consistently use this *cause and effect* strategy for all internal experience. It may not be possible to remove or avoid feelings, thoughts, memories, and/or bodily sensations. Suggestions that people can *resist* negativity and *eliminate* chatter may be misleading. These aspects of experience are integral to overall experience and cannot be eliminated in the same way one removes, for example, an unwanted wall hanging. However, this is a common view in Western society and highlights the need for further inquiry into how mindfulness is implemented.

Mindfulness or *vipassana*, as it is taught in the present study, is a non-concentrative form of meditation. Its purpose is to gain insight or “a clear awareness of exactly what is happening as it happens” (Guranatana, 1992, p.v.). It is based on the Buddha’s teaching that suffering and distress is caused by the mind’s interpretations of experience and the attachment to particular notions of self. It is one’s attachment to pleasant thoughts and experiences, and avoidance of the unpleasant that create suffering. When people are *caught up* in thoughts about their experience they react to their judgment of the situation. When one is being mindful the choice is available to respond more clearly and creatively (Kabat-Zinn, 1990). Mindfulness practices underlie all Buddhist meditative approaches.

The practice of mindfulness is generally believed in the West to originate with the Buddha. However, many religious traditions have practiced a form of mindfulness which has variously been referred to as contemplation, silence, and in some cases, prayer. Kabat-Zinn (2003) states that over the last 40 years larger numbers of Westerners have taken up and incorporated Buddhist practices into their daily lives.

Mindfulness has been defined by a number of teachers and authors. The Buddhist monk, Thich Nhat Hanh (1976) suggests that implementing a range of meditation techniques within Buddhist spiritual practices gives rise to mindfulness. Germer (2005) states that mindfulness is “a deceptively simple way of relating to experience” (p.3) and “can be used to describe a theoretical construct (mindfulness), a practice of cultivating mindfulness (such as meditation), or a psychological process (being mindful)” (p.6). Mindfulness is also defined as awareness or insight, and as “perception without grasping” (Brazier, 2003, p.101). As “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn,

1994, p.4). It is suggested that living mindfully and developing and sustaining *present moment* awareness reduces stress and suffering. Chödrön (1991) states that:

...[mindfulness] meditation is about seeing clearly the body that we have, the mind that we have, the domestic situation that we have, the job that we have, and the people who are in our lives. It's about seeing how we react to all these things. It's seeing our emotions and thoughts just as they are right now, in this very moment, in this very room, on this very seat. It's about not trying to make them go away, not trying to become better than we are, but just seeing clearly with precision and gentleness (p.14).

The concept of mindfulness can be understood on four different levels, according to Tart (1994). Firstly, it is understood as “a clear, lucid quality of awareness of everyday experiences of life” (p.199). This is counter to how most people live their lives, which Tart (1994) suggests are spent in “abstractions and fantasies” (p.199). Secondly, with mindfulness it becomes possible to identify “deeper and more subtle processes of the mind” (p.199). Deeper levels of awareness of underlying covert beliefs or biases also affect everyday life. These can be influential and often impact on life without the awareness of their presence. A third sense of mindfulness is an “awareness of being aware [or] full self-consciousness” (Tart, 1994, p.199). This quality of mindfulness is the practice of:

...not being completely absorbed in or totally identified with the content of ongoing experience: some part of the mind, a “neutral observer” or fair witness,” remains aware, in a relatively objective way of the nature of ongoing experience as related to immediate here and now existence (p.199-200).

A final sense of mindfulness, according to Tart (1994) is having an ongoing awareness of being aware, that is, of recognizing thoughts as thoughts, emotions as emotions, fantasy as fantasy without mistaking each of these for *the reality*. People generally mistake a thought for *the reality*, that what one *thinks* is occurring is *reality*, and not simply their thinking about it. This allows for the instances when what one thinks is occurring is not altogether a helpful version. Tart (2004) concludes that “current scientific research is finding that the age-old practice of mindfulness meditation can be very helpful for a variety of health challenges” (p.xi). Mindfulness is, according to Tart (1994):

...learning to be more present, more mindful, more attentive, can lead to a lot of moments of vividness, of beauty, of satisfaction, and of insight, as well as times when you have to stick in there and put up with awful realizations about yourself, embarrassing things, and clear perception of your own and others' cruelty and suffering. Gradually you develop a wider psychological space to live in and greater satisfaction in all areas of life (p.83).

The practice of mindfulness brings relief from despair and suffering by encouraging a view where thoughts are simply ideas and not *overwhelming truths* (Bennett-Goleman, 2001). In this practice thoughts can then appear less large in the mind. Epstein (1995) describes



mindfulness as a “distinctive attentional strategy” developed in Buddhism that incorporates “bare attention” and the “moment-to-moment awareness of changing objects of perception” (p.95-6). The practice, he says, allows for a focus on one’s “self-concept” and is an alternative to traditional views of self.

It is this psychological achievement of “critical factors of mind” that occurs through meditation practice (Epstein, 1995, p.132). Concentration and mindfulness practices train the mind through focusing on one object and by shifting the focus of attention to various objects. This training enables the development of various states of consciousness that enable the meditator to identify “how precarious the sense of self actually is” (Epstein, 1995, p.132). This is done through contemplation of, and concentration on, the body, the mind, thoughts and emotions, the four foundations of mindfulness (Epstein, 1995). The opposite state of mind, mindlessness, is defined as ranging from a:

...simple inattention to the immediate physical world through insensitivity to our interactions with others we care about, to a deep and fundamental mindlessness about our most important values and real nature (Tart, 1994, p.5).

In Buddhist approaches suffering and illness are not described in terms of psychopathology. Whereas Freud viewed the instincts of erotic drive and aggression as permanent, Buddhist psychology teaches that the equivalents, greed and hatred, can be overcome (Germer, 2005). Unlike Freud’s pessimistic assertion of an *ordinary human unhappiness* Buddhist approaches suggest suffering can be worked with. This is contrary to traditional views of stress. Fulton and Siegal (2005) conclude that in Buddhist psychology the drives, neuroses and instincts suggested by Freud can be uprooted and eliminated permanently, and that:

...while the permanent extinction of these drives may be the sole province of a fully enlightened being, as these forces are exposed to awareness through mindfulness, they gradually become weakened, and practitioners grow incrementally in understanding and compassion (p.43).

The literature above summarizes the various descriptions of and approaches to mindfulness. A number of the critiques of stress research can apply to mindfulness as it is implemented in the West. It generally focuses on the individual, it is described in rational and cognitive terms, and it can appear to be intolerant of distress. The strengths and weaknesses of the academic traditions from which mindfulness approaches emerge are discussed further below (p.73). The research on mindfulness is predominantly descriptive and only recently have theoretical issues begun to be addressed. The literature presented below provides part of the rationale for exploring ontology to answer questions about mindfulness and stress.

## Research and Literature on Mindfulness

In this section I present literature from the mainstream scientific approach. Mindfulness-based stress reduction (MBSR) is a programme that originated at the University of Massachusetts Medical Center for Mindfulness in Medicine, Health Care, and Society over twenty-five years ago and provides the programme for the present study (see Kabat-Zinn, 1990). The programme involves didactic and experiential training consisting of a 7-10 week course of 1-1.5 hour sessions and including 45 minutes meditation practice daily with an audiotape/CD, and homework<sup>6</sup>. Sessions include psycho-physiological information about stress, training in mindfulness meditation (body scan, yoga, sitting and walking meditations) and class discussion (Kabat-Zinn, 1990; Santorelli, 1999). Participants are encouraged to not only formally practice but to extend mindfulness, *present moment awareness*, into their daily lives. The programme is designed to help participants address stress and manage pain. Kabat-Zinn (2003) states that the challenge to patients at the Stress Reduction Clinic is from:

...the very beginning, and with the introduction of the body scan meditation, or even the process of eating one raisin mindfully:...to let go of their expectations, goals, and aspirations for coming, even though they are very real and valid, to let go – momentarily, at least – even of their goal to feel better or to be relaxed in the body scan, or of their ideas about what raisins taste like, and to simply “drop in” on the actuality of their lived experience and then to sustain it as best they can moment by moment, with intentional openhearted presence and suspension of judgment and distraction, to whatever degree possible. Mindfulness develops and deepens over time but invariably requires an ongoing commitment to its practice and cultivation in any and every moment (p.148).

There are a number of research studies of the MBSR programme with patients suffering from cancer, heart disease, psoriasis, breast cancer and prostate cancer (see Kabat-Zinn, Lipworth, & Burney, 1985; Kabat-Zinn, Massion, Kristeller, Peterson, Fletcher, Pbert, Lenderking, & Santorelli, 1992; Miller, Fletcher & Kabat-Zinn, 1995). Mindfulness-based programmes operate throughout the world in hospitals and clinics as well as in “schools, workplaces, corporate offices, law schools, adult and juvenile prisons, inner city health centers, and a range of other settings” (Kabat-Zinn, 2003, p.149).

In 1997 there were 240 hospitals and clinics throughout the United States delivering MBSR programmes (Salmon, Santorelli & Kabat-Zinn, 1998). The MBSR programme and others incorporating mindfulness are generally taught with the traditional religious and cultural aspects of the teachings removed (see Kabat-Zinn, 1982; Linehan, 1993). Mindfulness has

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<sup>6</sup> The mindfulness training programme for the present research is based on this MBSR approach. Dr James Carmody PhD, a researcher in the Centre for Stress Reduction, was the programme facilitator.

been extended into Dialectic Behaviour Therapy (DBT) (Linehan, 1993) a cognitive-behavioural programme for people with a diagnosis of borderline personality disorder. This programme is widely used in mental health settings throughout Aotearoa/New Zealand. The various developments of mindfulness programmes are described further below. The extent of the expansion of these programmes worldwide is evidenced by a Google search of mindfulness and workplace which elicits over 180 000 sites (7.3.08).

### *Evaluating Mindfulness*

Mindfulness-based stress reduction (MBSR) is a clinical programme that aims to “facilitate adaptation to medical illness” (Bishop, 2002, p.71). The programme is “largely skill-based and psycho-educational” (p.72). In this perspective mindfulness is a self-regulatory approach to reducing stress and managing emotions. The evaluation of MBSR programmes by Bishop (2002) attempts to understand “the construct of mindfulness, the effectiveness of MBSR, and [its] mechanisms of action” (p.71). One conclusion of the evaluation is that there is a general lack of scientific data. The research evaluated had multiple methodological problems. Bishop (2002) concludes that the efficacy of the MBSR approach could “not support a strong endorsement” (p.71). He recommends further investigation as the popularity of MBSR has grown without concomitant rigorous evaluative research.

Mindfulness is described by Bishop (2002) as the use and repeated practice of meditation techniques that help patients (*sic*)<sup>7</sup> be more aware of thoughts and feelings enabling changes in the practitioner’s perspective. Mindfulness provides a changed perspective in relation to thoughts and feelings. Rather than thoughts and feelings viewed as “aspects of self or accurate reflections of reality” they can be viewed simply as “mental events” (Bishop, 2002). Practicing mindfulness enables practitioners to figuratively *step back* from stressful situations, instead of anxiously worrying or getting *caught in* negative thinking patterns that escalate into reactivity and negative feelings.

The three dimensions of mindfulness, Bishop (2002) concludes, are firstly a steady focus of attention while repeatedly disengaging from thoughts and feelings. This sustained attention and attention-switching enables people to be “fully present in the present moment” (p.74). The second dimension is the ability not to judge or elaborate mentally on one’s experience, and is termed *bare attention*. Bishop (2002) states that:

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<sup>7</sup> The use of the word *patient* points to its predominant use in medical and psychological settings.

...this inhibition of elaborative secondary processing would require the ability to control attention to terminate thinking about, or otherwise elaborating on, the primary mental event so that it can be simply observed (p.74).

The third dimension of mindfulness is being open to all experience without mentally attaching to a particular view or outcome. This is done by simply observing the presence and dissolution of thoughts and feelings as they naturally arise. Bishop (2002) concludes that mindfulness relies less on “preconceived ideas, beliefs, and biases” as psychological process and more on attending to all “available information” (p.74) or *being present*. Criticisms of previous research, suggest Bishop (2002), show that only limited conclusions can be made because of:

...inappropriate or inadequate use of statistics, the use of unvalidated measures, [the] failure to control for concurrent treatments that might affect the outcome variables and arbitrary determination of clinical response (p.72).

Two studies of non-clinical populations, however, suggest MBSR “may be effective” with stress, anxiety and dysphoria (see Astin, 1997; Shapiro, Schwartz, & Bonner, 1998). Bishop (2002) states that although randomization is a strength of the Shapiro et al. study, both studies fail to meet various scientific demands for rigour (e.g., by using an inactive control group). As the positive effects reported could be due to nonspecific factors, such as therapist attention, social support and positive expectancy, the positive changes identified in the study could not be attributed to the MBSR programme alone. This means the ability to generalize from this study, is questionable.

The Speca, Carlson, Goodey and Angen (2000) study does, however, provide enough scientific rigour to indicate the effectiveness of MBSR. The study reports a 65% reduction in total mood disturbance and a 35% reduction in stress symptoms. Bishop (2002) does suggest that social desirability cannot be ruled out as an influential variable in this study, which needs to be controlled for in future research. The rigorously designed study by Teasdale, Segal, Williams, Ridgeway, Soulsby and Lau, (2000) spanning over 60 weeks, is the only other randomized controlled trial available. MBSR was combined with cognitive therapy and resulted in half the rate of relapse for people who had suffered three or more previous episodes of depression. Because only two treatment modalities were incorporated into this research Bishop (2002) concludes that “it is not possible to make strong statements regarding the effectiveness of MBSR *per se* for the prevention of depressive relapse” (p.73). Studies using uncontrolled repeated measures designs were also critiqued in the Bishop (2002) evaluation.

Mindfulness-based stress reduction training resulted in associated psychosocial adaptation in chronic pain patients (Kabat-Zinn, et al., 1985). Patients reported reductions in (self-reported) measures of emotional distress, psychiatric symptoms and functional disability. According to a four year follow up study (Kabat-Zinn, Lipworth, Burney, & Sellers, 1987) these gains were maintained, even though pain for some patients returned after only six months. Bishop (2002) reports being impressed by changes in this normally “treatment resistant” group (p.73).

In the Kaplan, Goldenberg and Galvin-Nadeau (1993) study of patients with fibromyalgia the MBSR programme was associated with reductions in the severity of psychiatric symptoms (39%); although Bishop (2002) points to serious methodological limitations due to a lack of a comparison group, the non-reporting of descriptive and inferential statistics and the arbitrary determination of what constituted a clinical response. Kabat-Zinn et al. (1992) report that MBSR was associated with significant reductions in generalized anxiety and panic disorder. However, slightly more than half the group was also on a pharmacological treatment. Although gains were maintained at three years, over half the participants had received further treatment for their anxiety following the MBSR programme (Miller et al., 1995).

Surawy, Roberts and Silver (2005) report on the study of three groups based on MBSR and mindfulness-based cognitive therapy (MBCT) for patients diagnosed with chronic fatigue syndrome. Results suggest that the programme is acceptable to patients, results in significantly improved measures of anxiety, and that subjective levels of fatigue approached statistical significance (compared to wait list controls). The second uncontrolled study replicated the first with improved measures in quality of life (Fatigue Impact Scale). The third study showed more wide-ranging effects and significant improvements in subjective levels of fatigue, anxiety, depression, quality of life and physical functioning (effects maintained at three months).

The study by Reibel, Greeson, Brainard, and Rosenzweig (2001) found that group mindfulness meditation can enhance functional status and well-being, and reduce physical symptoms and psychological distress in a heterogeneous patient population (and is maintained at one-year follow-up) (n=136). The eight-week programme of MBSR improves levels of vitality, bodily pain, as well as role limitations caused by physical health, and social functioning. It correlates with a decrease in psychological distress of 38%, a 44% reduction

on the anxiety subscale and a 34% reduction on the depression subscale (Global Severity Index). Conversely, Galantino, Baime, Maguire, Szapary and Farrar (2005) suggest that mindfulness meditation is commonly used to manage stress where the prevalent issues are work stress, burnout and diminished empathy. The study of serum cortisol levels (an indicator of stress) and subject-reported stress symptoms in health care professionals (n=84), concludes that:

...baseline and eight-week correlations between salivary cortisol and survey results, and correlations between changes in these measures, were weak and not statistically significant. Nevertheless, psychometric results present a strong case for additional clinical trials of [mindfulness meditation] to reduce stress for health-care professionals (p.255-6).

The study of an eight-week MBSR programme for women (n=18) with heart disease was carried out by Robert-McComb, Tacon, Randolph and Caldera (2004). Because “stress has been cited as a causal factor in heart disease” (p.819) the authors’ examined resting levels of stress hormones, physical functioning, and sub-maximal exercise responses. The results showed a statistically significant difference in breathing patterns between the two groups. Although there was little difference between treatment group and control there was a ‘trend for change’ in the treatment group in resting levels of cortisol and physical function scores. They concluded that the pilot study would aid in the calculation of numbers needed to detect significant differences for MBSR programmes.

The lack of a comparison group was a major limitation of a study of MBSR with binge eating disorder. According to Bishop (2002) MBSR is a ‘promising approach’ with this client group as well as being effective with the associated anxiety and depression. In the MBSR study of a low socio-economic group of English-speaking Americans and Spanish-speaking Latin Americans (Roth, 1997), Bishop (2002) points to similar methodological problems outlined above. Finally, Bishop (2002) concludes that MBSR ‘may be effective’ and ‘holds promise’ especially for general stress reduction in non-clinical groups; especially, he concludes, “as a highly effective psychosocial approach for the management of stress and mood disturbance in cancer” (p.74). He recommends replication of these studies and “that MBSR should be evaluated via randomized controlled trials” (p.74). In conclusion:

...research needs to clarify whether mindfulness meditation produces some kind of altered awareness such as “mindfulness” or whether it simply reflects another relaxation technique ...however, “mindfulness” must first be conceptually defined, an appropriate measurement procedure must then be developed, and its construct validity tested (p.76)...MBSR seems to hold promise as a potentially effective treatment option that may assist some patients to self-manage stress and mood symptoms in the face of their illness (ibid, p.76-77).

The meta-analysis of 64 empirical studies implementing MBSR by Grossman, Niemann, Schmidt and Walach (2004) found that only 20 met the criteria for relevance and quality. Controlled and uncontrolled studies showed similar effect sizes for MBSR of approximately 0.5 ( $P < 0.0001$ ). The authors concluded that MBSR “may help a broad range of individuals to cope with their clinical and non-clinical problems” (p.35). Problems with the studies included a lack of information and consideration of dropout rates, concurrent interventions, adherence to ‘manualized’ programmes, therapist competence and training, description of the intervention, adequate statistical power in results as well as the clinical relevance of the results (Grossman et al., 2004). The authors criticize the failure to operationalize mindfulness, and to evaluate changes in the mindfulness of the participants. And they recommend large-scale and sound research with well-defined patient populations, stringent methodological procedures, assessment of objective disease markers, as well as self-reported psychosocial and functional indicators of distress, to remedy the methodological problems they encountered. The literature below outlines recent calls for, and attempts to, operationalize mindfulness. The Melbourne Academic Mindfulness Interest Group (2006) concludes:

...it seems that mindfulness may be a valid treatment option for conditions such as anxiety, stress, chronic pain, and eating and affective disorders as well as an adjunctive treatment for other physical health conditions and behaviour change interventions (p.287).

### ***Operationalizing Mindfulness***

Operationalizing mindfulness will develop its validity as a construct and enable the identification of “the mechanisms of action” (Bishop, 2002, p.75). The aim of mindfulness, according to Bishop, Lau, Shapiro, Carlson, Anderson, Carmody, Segal, Abbey, Speca, Velting and Devins (2004) is to “reduce cognitive vulnerability to stress and emotional distress” (p.230). The authors’ aim in operationalizing mindfulness is to gain consensus and enable the development of a ‘testable operational definition’. Mindfulness is implemented in contemporary psychology to increase personal awareness and to help clients “respond skillfully to mental processes that contribute to emotional distress and maladaptive behaviour” (Bishop, et al., 2004, p.230). It is considered to have state- and trait-like qualities (Brown & Ryan, 2004; Segal, Williams, & Teasdale, 2002) and to be a skill or skill set (Bishop, et al., 2004; Linehan, 1993). The various strategies included in mindfulness are observing, detachment, monitoring and meta-cognition (Bishop, et al., 2004). It is also seen as a way to enhance emotional well-being and mental health. Mindfulness is widely used:

...to reduce [the] psychological morbidity associated with chronic illnesses, to treat emotional and behavioral disorders...[and to promote] improvements in affect tolerance...[it is neither a relaxation nor a mood management technique, but] a form of *mental training*<sup>8</sup> to reduce cognitive vulnerability to reactive modes of mind that might otherwise heighten stress and emotional distress or that may otherwise perpetuate psychopathology (Bishop, et al., 2004, p.231).

In operationalizing mindfulness its central features are explored and its various components identified to differentiate problematic styles of thinking. Mindfulness research attempts to identify its “implicated psychological processes, the mediating role of these components and their mechanisms of action” (p.231). Bishop et al. (2004) conclude that “mindfulness practices provide opportunities to gain insight into the nature of thoughts and feelings as passing events in the mind rather than as inherent aspects of the self or valid reflections on reality” (p.234) (as stated in Bishop, 2002).

A two-stage model operationalizing mindfulness is presented by Bishop et al. (2004). The first stage is the ‘self-regulation of attention’ which involves sustained attention, attention switching, noticing thoughts and maintaining a ‘being with’ attitude to experience. The second stage involves adopting an orientation of “curiosity, openness and acceptance” (p.232). This ‘orientation’ of curiosity and acceptance reduces the students/clients’ cognitive and behavioural avoidance strategies. This acceptance attitude toward experience changes the subjective meaning of events and improves emotional tolerance. Bishop et al. (2004) conclude that with curiosity and acceptance comes an:

...intensive self observation... [an] investigative awareness that involves observing the ever-changing flow of private experience...[and so mindfulness] is dependent on the regulation of attention while cultivating an open orientation to experience (p.234).

Due to this monitoring aspect of mindfulness it is suggested that clients can develop increased cognitive complexity and therefore the “ability to generate differentiated and integrated representations of cognitive and affective experience” (Bishop, 2004, p.234). Bishop et al. (2004) report that to “elucidate [its] central features” (p.236) mindfulness will then be better suited to clinical practice and will enable the development of appropriate instruments for measurement. Their model “draws heavily on [the] self-regulation models of cognition and mood...and contemporary cognitive models of psychopathology” (p.236) of Carver and Sheier (1990) (see Part 1). In this self-regulation model, cognition is primarily directed to the acquisition of goals because people are constantly comparing their present moment experience with that which they desire. When discrepancies occur between goals and desires,

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<sup>8</sup> Authors’ italics



negative emotions result. Carver and Sheier (1990) suggest that cognitions and behaviours are then brought into service to attain ‘goals, desires and preferences’.

In conclusion, Bishop et al. (2004) define mindfulness:

Mindfulness approaches teach the client to become more aware of thoughts and feelings and to relate to them in a wider, decentered perspective as transient mental events rather than as reflections of the self or as necessarily accurate reflections on reality. Thus, if self-devaluative, hopeless thoughts are recognized simply as thoughts, the student will be better able to disengage from them since no action will be required (i.e., since the thoughts are not “real,” there is no goal to obtain and thus no need to ruminate to find a solution) (p.236)...[the] concept of mindfulness can be integrated theoretically with current models of psychopathology and thus lead to new innovations in treatment (p.237).

This approach has obvious merits, thoughts and feelings of suffering are difficult to experience and getting distance and perspective are useful in a number of situations. Viewing thought and feeling events not as a measure of oneself or reality reduces the tendency to *suffer over our suffering*. However, integrating mindfulness ‘theoretically with current models of psychopathology’ as is recommended in much of the recent mindfulness research, may be problematic. This issue is explored further in later parts of the thesis.

In line with the majority of research on mindfulness, Dimidjian and Linehan (2003) conclude that it is:

...the lack of widespread consensus on this issue [a definitive definition, that] has hindered the progress of research on determining the active ingredients of mindfulness interventions and mechanisms of change (p.166).

The authors call for methods of measurement that are reliable and valid and for the development of “working definitions of constructs such as wisdom and compassion” (p.166). In response to calls to operationalize and validate mindfulness, Baer, Smith and Allen (2004) developed a self-report inventory for the assessment of mindfulness skills. The two research samples included undergraduate students and outpatients diagnosed with borderline personality disorder. The skills identified with mindfulness are observing, describing, acting with awareness, and accepting without judgment.

Baer, Smith, Hopkins, Krietemeyer and Toney (2006) examine five recently developed mindfulness questionnaires and suggest a definition of mindfulness as a multifaceted construct (the facets being *describe, act with awareness, non-judge, non-react and observe*, p.42). These findings support McManus’s (2003) assertions that the qualities of mindfulness

are present moment awareness, fundamental kindness, non-judging, acceptance, non-striving, not knowing and letting go.

There are various debates in the literature on mindfulness about the effects of its separation from its spiritual and cultural origins. Dimidjian and Linehan (2003) advocate maintaining connections with mindfulness and/or meditation teachers, spiritual directors or guides to address concerns regarding therapist training and competence. This is to avoid repetition, reinventing mindfulness, and to identify the “core qualities of therapist competence” (p.167). The authors suggest that clear methods and criteria already exist for teaching mindfulness. They advocate the need to “articulate and ultimately operationalize [these] methods and criteria” to develop guidelines (p.167) for the future use of mindfulness. Their concern is that mindfulness may be delivered in a ‘watered down’ fashion because of these issues. Discussion on the nature of enlightenment and the “true nature of reality” are, according to Dimidjian and Linehan (2003, p.167) necessary in the ongoing understanding of mindfulness.

In order to accept that mindfulness is efficacious Dimidjian and Linehan (2003) suggest that research needs to:

...include adequate control groups, sufficient power to detect treatment effects, information on the number of subjects enrolled and completed, descriptions of training and supervision procedures, assessments of therapist adherence and competence, and consideration of clinical significance of findings (p.168)...[and] a psychometrically sound measure of mindfulness (p.169).

A consensus appears to be that priority be given to identifying core components as well as reliable and valid measures of the construct/s of mindfulness. Dimidjian and Linehan (2003) recommend the use of ‘dismantling designs’ to discover whether mindfulness is the ‘active ingredient’ (p.168) in treatment programmes. The authors suggest that mindfulness is not a unitary procedure but “comprises several component activities” (p.168) or “key components” (p.169) and they call for more research to be carried out in this area.

This research attention on mindfulness has resulted in a broad array of information. It has enabled the field to develop and provide important answers to questions of suffering. Attention has been drawn to the ancient Eastern practice of meditation and a vast number of people have been helped through its use. It has enabled a move away from reliance on *chemical cures* alone by offering a practice that is not limited to any particular group or ability (i.e., people can generally breathe unaided). The strengths and weakness of these approaches to mindfulness are discussed further below (p.73).

The above literature does, however, illustrate a number of discursive themes of importance to this thesis. These include a focus on mechanisms of action, elaborative secondary processing, and the use of psychopathological terms. Researchers have suggested that mindfulness be conceptually defined to identify procedures and to provide construct validity. Many call for operational definitions and ‘manualized’ programmes to provide objective markers. These themes I suggest are based on a traditional Western ontology of self. These themes are discussed later and compared with those in participants’ discourse and those found in the stress literature.

### ***Mindfulness Programmes and Research***

In the following section I present literature on the psychological processes and outcomes of mindfulness training.

#### **Processes of Mindfulness**

There is a distinction in the research literature between programmes where mindfulness is the basic structure within which participants train (e.g., MBSR) and training that incorporates mindfulness practices or skills into an already structured (usually cognitive-behavioural) programme (e.g., DBT, MBCT). This may or may not be a useful distinction but it has contributed to much debate and research. This distinction can make it difficult to understand what mindfulness is, and how it is used, and leads to a questioning of the effectiveness of mindfulness (see Dimidjian & Linehan, 2003). The literature presented below describes the programmes that implement mindfulness in these two ways.

As mentioned in Chapter 1, MBSR is the programme upon which many that followed are based. The literature here describes a number of these programmes. Mindfulness-based cognitive therapy (MBCT) for depression (Segal et al., 2002) is developed on an information-processing theory of relapse in depression and incorporates mindfulness meditation. Mindfulness is said to reduce the tendency of depressed people to ruminate as a problem-solving technique, to implement goal-based processing and unnecessarily elaborative processing (Melbourne Academic Mindfulness Interest Group, 2006). This theory suggests that depression and depressive relapse is the result of a cognitive vulnerability. The authors suggest distinct and separate processes of occurrence between first and recurrent episodes of depression (i.e., that later episodes are influenced by the experiences of the first episode). Conventional cognitive theory advocates the identification and disputation of dysfunctional

thoughts. MBCT differs in training a *turning toward* dysfunctional thoughts approach rather than avoidance. The stance of an open, non-judgmental acceptance and a de-centered perspective allows one to change their *relation* to thoughts, rather than changing the thoughts themselves.

MBCT teaches participants a de-centered, detached approach to their emotions, body sensations and thoughts rather than viewing these as “necessarily accurate reflections of reality” (Baer, 2003, p.127). Possible psychological mechanisms of change in this training include exposure, cognitive change, self-management, relaxation, and acceptance. The authors suggest that mindfulness teaches a non-judgmental approach of particular benefit to depressed people. Participants are taught to embrace life and live amidst the problems in their lives, rather than avoid them. Teasdale et al. (2000) suggest that patients (*sic*) with three or more previous episodes of depression halved their rates of relapse and recurrence with MBCT training. This required less than 5 hours of instructor time per patient which is considered very cost-effective.

Mindfulness, according to Wells (2000), is a form of attention training and is defined as a ‘meta-cognitive ability’. This process is defined as a self-regulatory executive function (S-REF) model of emotional disorders and describes emotional dysfunction in information-processing terms. Mindfulness, or attention training, alleviates emotional dysfunction by (a) activating a meta-cognitive mode of processing; (b) disconnecting the influence of maladaptive beliefs on processing; (c) strengthening flexible responding to threat; and (d) strengthening meta-cognitive plans for controlling cognition. Brown and Ryan (2004) suggest that “mindfulness serves an important self-regulatory function” (p.843). A cognitive framework and information processing analysis of mindfulness and substance abuse are provided by Breslin, Zack, and McMains (2002). Cayoun (2004) developed Mindfulness-based Cognitive Behaviour Therapy (MCBT) based on a cognitive-behavioural and information processing paradigm and:

... proposed an integrative theory of cognitive and behaviour modification founded partly on a traditional account of mindfulness, and to a greater extent, on the phenomenology of mindfulness meditation – in relation to the principles of information processing and contingency reinforcement (p.1)

The above models are presented to show the various areas of interest in mindfulness research. An approach that incorporates mindfulness into a cognitive-behavioural intervention is

Dialectic Behaviour Therapy (DBT) (Linehan, 1993). This programme was designed for people diagnosed with borderline personality disorder (BPD). According to the model, these people experienced invalidation in their past and so validating experience is an essential part of this programme. Change methods common in stress reduction and CBT treatments were seen as invalidating them further (Linehan, 1993). Mindfulness skills are incorporated in DBT to help validate participant's life experiences. Lau and McMain (2005) conclude that:

...as a result of invalidating environmental experiences, individuals with BPD learn to inhibit their emotions, leading to deficits in awareness of the basic sensory motor cues associated with emotional experience. They develop deficits in their ability to acknowledge, accept, and trust their thoughts and feelings as accurate and legitimate responses to internal and environmental events. People with BPD have also failed to learn how to tolerate distressing life experiences. In sum, people with BPD fail to internalize an attitude of self-acceptance (p.866).

Mindfulness is a core skill as well as a set of principles in this acceptance-based intervention. Linehan (1993) states that "the skills are psychological and behavioural versions of meditation skills usually taught in Eastern spiritual practices" (p.144). The core skills are the "three 'what' skills (i.e., observing, describing, participating) and three 'how' skills (i.e., taking a nonjudgmental stance, focusing on one thing in the moment, being effective)" (Linehan, 1993, p.144). The programme teaches participants to "bare pain skillfully" (ibid, p.147) rather than avoid it and teaches distress tolerance. Through a highly prescribed programme participants are taught to manage the relationship between acceptance and change. According to Baer (2003), with DBT:

...clients are encouraged to accept themselves, their histories, and their current situations exactly as they are, while working intensively to change their behaviors and environments in order to build a better life...[the programme] includes a wide range of cognitive and behavioral treatment procedures, most of which are designed to change thoughts, emotions, or behaviors (p.127).

The acceptance-based nature of mindfulness is a challenge for traditionally change-based cognitive-behaviour therapists, according to Lau and McMain (2005). The authors suggest that "in Western society, change technologies are far more developed and relied on than are tools of acceptance" (p.867). Incorporating acceptance, mindfulness practitioners are invited to relate to thoughts as events occurring in their mind, here and now, rather than as accurate reflections or truths about their self. In altering this relationship to thoughts it is assumed that the feelings and behaviours that follow will be more within the practitioner's control. Ott, Norris and Bauer-Wu (2006) describe mindfulness meditation as a behavioural intervention and evaluate nine research articles on mindfulness and cancer. They conclude that there are

consistent benefits to mindfulness including “improved psychological functioning, reduction of stress symptoms, enhanced coping and well-being” (p.98).

Finally, Lau and McMain (2005) suggest that it is perhaps the *rational roots* of MBCT and DBT that have enabled these programmes to integrate the esoteric ideas of Zen teachings and mindfulness so that it is easily understood within a Western framework. The authors also call for operationalizing mindfulness and researching the specific contribution of mindfulness or its effective components. The integration of CBT and acceptance-based treatments is supported by Roemer and Orsillo (2002). In a pilot study of four generally anxious clients, two showed reduced anxiety and depressive symptoms (ten-week protocol), one showed modest improvement and one missed the sessions and showed no improvement. However, *substantial life changes* were demonstrated by all clients as well as significant job and relationship changes. All participants reported that they found the acceptance aspects *particularly beneficial*.

A number of inventories have been developed to measure mindfulness alongside the calls to operationalize it. Baer et al. (2004) developed a self-report inventory for the assessment of mindfulness skills. The skills identified include the ability to observe, describe, act with awareness and accept without judgment. They conclude that “mindfulness skills are differentially related to aspects of personality and mental health, including neuroticism, psychological symptoms, emotional intelligence, alexithymia, experiential avoidance, dissociation, and absorption” (p.191). Baer et al. (2006) conclude, based on five recently developed mindfulness questionnaires, that mindfulness is a “multifaceted construct” (p.42). The five distinct facets include the ability to describe, act with awareness, non-judge, non-react and observe. The first four are “components of an overall mindfulness construct” (ibid, p.27).

Relapse prevention (Marlatt & Gordon, 1985) is a cognitive-behavioural treatment programme implementing mindfulness skills for clients struggling with the *urge* to use substances. The mindfulness skill of acceptance of constant change as an inherent aspect of the present moment counters the urge to change present moments with *highs*. In this programme clients are encouraged to *urge surf - riding the waves of their urges until they pass* - “mindfulness skills enable the client to observe the urges as they appear, accept them non-judgmentally, and cope with them in adaptive ways” (Baer, 2003, p.128).

A model of mindfulness developed by Langer (1989) teaches individuals to focus attention on 'difference', the role of context, multiple perspectives, and novelty or difference in the environment. Similar to the models of mindfulness above, the perceptual orientation is toward 'present moment' experience. Flexible awareness in the present moment is taught with a focus of attention on external rather than internal material. According to this model mindfulness is the ability to learn new information, as well as, manipulate information. Using social psychological methods participants implement goal-directed cognitive tasks (e.g., problem solving) to help them change a single-minded self image. This flexibility of self image with mindfulness helps individuals cope better with various life experiences. Langer's (1989) studies demonstrate:

...the costs of rigid mindsets and single-minded perspectives [and] the enormous potential benefits of a mindful attitude in aging, health, creativity, and the workplace (p.78).

This model of mindfulness suggests that fatigue, conflict and burnout occur because people constantly rely on old categories of meaning and become 'trapped' by traditional mindsets. Langer (1989) concludes that "mindfulness may increase flexibility, productivity, innovation, leadership ability, and satisfaction" (p.133). Being present *here and now* is implemented in research on ageing. One group of participants is asked to act *as if* they are in the context of their younger self and to talk about their past. Another group actually lived in a context similar to one they had lived in years before. This group, when compared to the first, had significantly increased positive health measures (Langer, 1989). Living mindfully in the present moment, rather than *as if*, produced positive outcomes. Using mindfulness people were able to develop alternative perspectives to the ones they habitually use to understand their world.

### **Outcomes of Mindfulness**

The literature reviewed in this section shows a number of positive outcomes associated with mindfulness training. A comprehensive evaluation of the literature on mindfulness-based programmes and research was carried out by Bishop (2002). A review of the outcomes of thirteen studies using MBSR include: reductions in anxiety and panic attacks, depression, anger, confusion, overall symptoms of stress, obsessive-compulsive symptoms, interpersonal sensitivity, psychoticism, paranoid ideation, pain symptoms and intensity, total mood disturbance and severity, emotional distress, psychiatric symptoms, fatigue, binge eating, and self-reported medical symptoms.

In the thirteen studies increases were reported in sense of control, sense of self as the source of control, capacity to accept or yield control in uncontrollable situations, satisfaction with the level of control, empathy, global well-being, sleep, feeling rested on waking, vigor, and self-esteem (see Astin, 1997; Kabat-Zinn, et al., 1985; 1987; 1992; Kaplan, et al., 1993; Kristeller & Hallett, 1999; Miller, et al., 1995; Roth, 1997; Shapiro, et al., 1998; Speca, et al., 2000; Teasdale, et al., 2000). Kabat-Zinn (2003) concludes that given the positive results of research implementing mindfulness- and acceptance-based approaches with psychological disorders (such as depression, anxiety, borderline personality and obsessive-compulsive disorders):

...it would be fruitful to explore mindfulness-based interventions in various affective disorders, using an approach that maps potentially relevant underlying neurobiological mechanisms and pathways together with affective behavior change measures, taking advantage in the study design of the intrinsic adaptability of mindfulness-based approaches to different life circumstances and conditions (p.153).

A randomized, wait-list condition study of an MBSR programme for employees of a biotechnology company used extensive laboratory testing pre- and post-intervention of EEG measures (Davidson, Kabat-Zinn, Schumacher, Rosenkranz, Muller, Santorelli, Urbanowski, Harrington, Bonus, & Sheridan, 2003). Following MBSR training participants were injected with influenza vaccine. Results indicate that, compared to the wait-list controls, participants had significant increases in left-side activation of the anterior cortical area of the brain as well as increases in antibody titres (present at a four month follow-up). Right-side brain activation is associated with negative emotions such as anger, anxiety and depression.

The study indicated that mindfulness training is associated with changes in physical and emotional health and is visible through a number of biological changes. The authors' state that it is possible to deliver this programme to a broad array of employees to influence their health physically and emotionally, and that even under stressful conditions these positive results are possible. MBSR training according to Kabat-Zinn (2003) "can lead to brain changes consistent with more effective handling of negative emotion under stress" (p.153). Brain changes similar to those using psychoactive medication were achieved using MBCT with patients diagnosed with obsessive-compulsive disorder (Schwartz, 1996).

An issue in mindfulness training is its possible restriction to the middle classes. Roth (1997) assessed in a quantitative study 21 English-speaking and 51 Spanish-speaking outpatients at an inner city clinic (lower socio-economic status area) on an MBSR programme. The English-speaking participants showed a statistically significant change of 50% pre- and post-



intervention in the Global Severity Index of the SCL-90-R. This included a statistically significant increase in self-esteem on one of the measures. The Spanish-speaking participants showed a significant change in scores on the Beck Anxiety Inventory with a mean decrease of 70%. This included a significant increase in self-esteem scores on both measures. Self-reported medical symptoms reduced by 41% for the Spanish-speaking group and 47% for the English-speaking group. Although Bishop (2002) suggests there are a number of methodological problems with this study it does point to the usefulness of the MBSR programme with a lower socio-economic status group. Further research is necessary to explore the multiple issues involved in applying mindfulness to diverse groups.

The results of the above study do not provide information on the social aspects of participant's context. The literature presented critical of similar approaches to stress (Part 1) is relevant to this issue of access. Research methods used do not provide information on how the contextual issues of poverty, lack of education, and a general lack of access to resources impacted on participants' experiences of the programme. These are important variables and therefore necessitate further research.

Mason and Hargreaves (2001) implemented MBCT to "explore participants' accounts of mindfulness meditation in the mental-health context" (p.208). They used qualitative methods to study cognitive therapies as well as cognitive theories of mood disorder. Seven participants were interviewed and grounded theory methods were used to capture "the individual differences and commonalities" (ibid, p.199) of participants' experience. In the participants' reports the researchers explore common themes and attempt to identify stages of mindfulness to "develop an inductively derived analysis or theory" (ibid, p.200). The authors conclude that:

...qualitative methods are particularly well suited to evaluations of cognitive interventions because changes to individual cognitions are hypothesized to be the key to clinical change (p.199).

The important categories of meaning that emerge in the study are the participants' preconceptions and expectations of the programme as well as the key role the skills played in changes. The participants managed their difficulties better with mindfulness training while their understanding of *self* changed over the course of the study (i.e., mental and physical self). The theoretically cognitive framework used suggests:

...there was some evidence that participants synthesize new models out of the thoughts and attributions that formerly composed depressive schematic models...[a schematic model is

broken down and another reconstructed] with the fragments of [the old] implicational code without the emotional 'heat' (Mason & Hargreaves, 2001, p.209).

Participants were trained to experience feeling mildly negative feelings without the subsequent *depressive deadlock* that normally occurs as *depressing thoughts take control*. The hypothesis of this theoretical cognitive framework is that by “altering the behavioural and cognitive consequences of depressive mood and thought” (ibid, p.210) the mood and thoughts subside rather than being reinforced through a feedback mechanism. Similarly Clarke (1999) suggests that the use of mindfulness-based cognitive therapy approaches introduces a new experience of self where practitioners learn that “emotions can be felt and reflected upon” (p.381).

Mindfulness training in this cognitive psychological model attempts to teach participants a measure of protection against further depression. This is similar to CBT in teaching a greater awareness of thoughts and feelings as ‘mental events’ and not “truthful reflections of reality” (Mason & Hargreaves, 2001, p.198). This protection is provided through meditation and yoga practices that teach *mindful awareness* and the ability to move attention at will. The authors “acknowledge their perspective as cognitive clinical psychologists” (p.210) where they aim to be as aware as possible of the influence of this perspective on the resulting model. The authors attempt to be as transparent as possible about the research process. In critiquing the model they suggest that their:

...implicitly individualistic orientation ... may have relegated the role of group support and interpersonal process (p.209)...[and conclude] as researchers and practitioners we are not immune to our own assumptions about depression, meditation and therapy (and that of the discipline of contemporary clinical psychology), and these remain impossible to ‘partial out’ of such a study... Although we explicitly did not set out to study the convergence and divergence of different discourses surrounding illness, meditation or psychotherapy, it was interesting to note that different discourses referred to the body (meditation as a relaxation aid), the mind (therapy as ‘mind-over-matter’) and, for a minority, a sense of spiritual development...as a set of broader issues in the study of mental (and indeed physical) health and ill health, the discourses of cause, effect and ‘cure’ are a richly deserving area of research (ibid, p.210).

The mindfulness programmes above are generally directed at helping people change their health status and/or negative thoughts, feelings, and behaviours. The Eastern base of mindfulness shares a number of similarities with medical and cognitive psychology approaches. In this perspective mindfulness training can be used as a technique to counter the disabling effects of excessive internalization or externalization. This is a cognitive style or strategy whereby people believe that negative circumstances are the result of the individual (internalizing) or caused by others (externalizing). Here people are taught to *detach* from their thoughts and feelings as a measure or descriptor of themselves. In this way their health

can improve. This model provides a coping strategy to help people manage a range of problems that have lead to *deadlock* and is a particular strength of the approach.

### ***Strengths and Weaknesses***

The strengths and weaknesses of the traditional empirically oriented approaches to stress (see p.35) have parallels with the approaches used to research mindfulness. A strength of the traditional approach is that it identifies important variables within complex experiences making it possible to more directly address the individual aspects. A great deal of information has been gained over recent years through this approach to mindfulness. As self and mind are conceptualized in cognitive psychological terms it becomes possible to monitor thoughts and feelings which can at times be useful. Gaining a sense of distance from difficult and distressing thoughts and feelings provides a rational and reasonable approach to suffering. Treatment strategies and research from a traditional empirically oriented approach enables understanding that can help predict, control and manage treatment interventions. This can be empowering as it leads to awareness and the management of difficult experiences.

The weaknesses of a traditional empirically oriented approach to mindfulness are discussed further below. However, in summary, debates in the field of mindfulness studies have parallels to the stress area. The area is extensive and often ambiguous and confusing, and an often reported weakness is its lack of an operational definition. Bishop (2002) provides the first meta-analysis of the research highlighting a number of methodological problems. These being a lack of randomly controlled studies, a lack of construct validity, a lack of theoretically driven research and a general paucity of rigorous research. Research since has attempted to address many of these problems. The field of mindfulness may continue to develop many of the difficulties evident in the stress research area. Such as, a lack of agreement, continuing confusion and ambiguity, a strong focus on traditional and conventional research paradigms often to the exclusion of alternative perspectives.

### ***Contextualist and Constructivist Approaches***

In the literature below alternative approaches on mindfulness are presented. The literature represents the diversity within and between Eastern and Western perspectives. Literature on acceptance and commitment therapy (ACT) and in Buddhist psychology is outlined describing an alternative from which to compare the literature above.

In the early 20<sup>th</sup> century the psychologist William James suggested that Buddhism would come to influence ideas in the West particularly those of psychology (Epstein, 1995). Germer (2005) concludes that “the grand tradition of contemplative psychology in the East and the powerful scientific model of the West are finally meeting” (p.27). Smart (1999) however suggests that Buddhist versions of individuals as *skandhas* (i.e., “bodily events, sensations, feelings, dispositions and conscious states”) are very different from the notions employed by “Plato or modern Western commonsense psychology” (p.370). The tensions inherent in the meeting of *grand* philosophical approaches are visible, I suggest, in the field of mindfulness and are evidenced in the literatures presented. How these tensions occur as mindfulness is translated into a Western context is an important area of inquiry and partially addressed in this thesis.

A model at variance to the traditional approaches to mindfulness is the contextual approach of Acceptance and Commitment Therapy (Hayes et al., 1999). This model incorporates mindfulness practices within a behavioural programme of psychotherapy based on the theory of functional contextualism. This philosophical view suggests that “activity and change are fundamental conditions of life [where] the world is an interconnected web of activity” which Germer (2005) describes as the worldview of mindfulness (p.25). He concludes that:

...impermanence, or change, is precisely the ontology of contextualism, and selflessness is the contextual view of personhood (p.26).

The notions of impermanence and ‘no self’ are not common in Western discourses. In this approach change is achieved through *non-change* or acceptance of all one’s experience and occurs within a multi-determined context amongst a number of variable causes at any one point in time. A person or self, according to this approach, is a “single moment of awareness or activity” within an “unlimited field of interpersonal and impersonal events<sup>9</sup>” (ibid, p.25). Germer (2005) states that from this epistemological position *reality is constructed* by individuals in particular contexts where “there is no absolute reality” that can be known (p.25). Constructivism is a “view in which the mind constructs reality but within a systematic relationship to the external world” (p.60).

The idea of the *constructed* nature to reality is the basis for mindfulness-oriented psychotherapy as a constructivist therapy as are acceptance-based and narrative therapies (ibid, 2005). People live “simultaneously in a primary, pre-conceptual reality, as well as in a

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<sup>9</sup> Germer (2005) suggests that “a helpful metaphor is a fountain of water that is made up of different drops from one moment to the next but appears to hold its shape over time” (p.25).

world of interpretations about that reality” (ibid, p.25). The functional contextualist approach offers an alternative to that of the dominant discourses. In this model the focus is on whole organisms interacting within their historical and situational contexts. Hayes et al. (1999) term this an a-ontological position and compare it with that of the mechanistic view of applied psychology:

The most commonly held worldview in academic psychology is surely mechanism. A mechanist tries to interpret the world as if it is a giant machine of unknown design. In understanding a simple machine, the task is to analyse its parts, the relations between the parts, and the forces that operate through them. We know that the machine is understood if our model of it corresponds to what we see. Implicit in a mechanistic view, the parts, relations, and forces are already preorganized in the world and are waiting to be discovered (in the quite literal sense of taking the cover off and seeing them), thus mechanism in epistemology is based on realism in ontology: we can know what is because what is is real...Clients often take a quite different approach and attempt to justify dysfunctional experiences by making ontological claims. “I’m not just thinking this,” they say. “It is true.”...“it exists out there, and thus I have to respond to it even though it does not work to do so” (p.20).

Acceptance and commitment therapy (ACT) is an individual psychotherapy and group programme that uses metaphor to illustrate that distress can result from adhering to literal interpretations of language. For example, using *cause and effect* thinking, clients can interpret stress and distress as caused by a lack of control. A logical solution is to then gain control which then contributes to continued distress because clients get anxious and fearful about their lack of control. Hayes et al. (1999) state that:

...the emergence of self and mind in Western language is actually a relatively new phenomenon (p.180)...ACT therapists take the view that human vitality is most likely when the person voluntarily and repeatedly engages in a kind of conceptual suicide, in which the boundaries of the conceptualized self are torn down and whatever experiences are present in the person’s history are made room for in his or her psychology (p.181).

To enable the necessary *conceptual suicide* ACT therapists help clients develop an *observer self* by changing the literal understanding of what constitutes their *self*. Rather than self as attached to, and identified with, the contents of thoughts, self is re-conceptualized in ACT as the observer or transcendent self, “the *you* that *you* call *you*” (ibid, p.193). This stable conceptual sense of self enables the exploration and disintegration of other versions of self contained in thoughts, judgments, distressing emotions and past memories. The ACT programme teaches participants not to judge internal events (i.e., thoughts, feelings, and bodily sensations), not to evaluate internal and external experiences, and not to avoid or adopt a *change agenda*.

The goal of ACT treatment is the acceptance of experience at the same time as being committed to changing behaviours toward valued goals (regardless of thoughts and feelings *about* experience) (Hayes et al., 1999). ACT is effective, Bishop et al. (2004) suggest, because its radical behavioural approach helps clients undermine the usual avoidance of experience and helps them abandon “dysfunctional change agendas...[and] adopt more adaptive strategies” (p.237). This desensitizes clients by encouraging them to *be with* fearful and painful experiences. ACT is an alternative approach to the avoidance and distraction approaches generally recommended in the stress literature in Part 1.

According to this radical behaviourist model the self is adapted and changed by eventually attaining *good* thoughts about self. Hayes and Shenk (2004) conclude that:

...meditation is a much different context that both broadens the range of events available to regulate behavior and undermines the power of particular events to occasion verbally based streams of behavior designed to understand, predict, evaluate, avoid, soothe, control, or otherwise create a situation other than the situation that is present (p.253).

Bach and Hayes (2002) study a brief version (four-sessions) of an ACT programme with 80 inpatients diagnosed with positive psychotic symptoms. The patients were trained to accept unavoidable private events, identify and focus on actions toward valued goals, to defuse from previous cognitions, and notice these cognitions rather than view them as truths (p.1129). Compared to a treatment-as-usual group the intervention groups show significantly higher symptom reporting and lower symptom believability. The rate of hospitalization halved for the intervention group over a four month period. These results were similar for all treatment group patients except those who were delusional and who denied their symptoms.

A brief ACT programme was delivered to 19 public health sector workers with chronic stress/pain at risk of high sick leave (Dahl, Wilson, & Nilsson, 2004). All received medical treatment-as-usual with 11 receiving the brief therapy intervention. The intervention group had fewer sick days and used less medical treatment resources than the control group. There were no significant differences between groups on levels of pain, stress or quality of life. Group differences could not be accounted for by reductions in stress and pain levels.

In a study of 60 patients with panic disorder Levitt, Brown, Orsillo and Barlow (2004) measured the effects of acceptance as opposed to the suppression of emotion or a neutral narrative (control group). There was significantly less anxiety and avoidance by the acceptance group (subjective anxiety and willingness to a second challenge). There were no

differences in self-report panic symptoms or physiological differences. In fact, suppression was related to more subjective anxiety during a challenge (p.747). Hayes and Wilson (2003) conclude that:

...mindfulness, acceptance, and defusion are not just a different way of treating traditionally conceptualized problems of depression or anxiety. They imply a redefinition of the problem, the solution, and how both should be measured. The problem is not the presence of particular thoughts, emotions, sensations, or urges: it is the construction of a human life. The solution is not removal of difficult private events: It is living a valued life (p.165).

ACT trains participants not to practice a lengthy formal meditation but rather to develop acceptance as a changed relationship to thoughts and experience. The literal meaning of language is considered problematic in many psychological disorders and ACT teaches clients to separate their notion of self from the contents of their thinking.

ACT is recently becoming more popular as a psychological intervention. As illustrated it expands on current knowledge through its focus on how people understand themselves (self). This model suggests that suffering has come to be equated with abnormality. The originators of the model suggest that suffering can be a common and useful aspect of being human. They suggest that discourses of suffering as abnormal may actually contribute to suffering. People learn through this *symbolic activity* (i.e., language) to construct and understand their experience in particular ways. The philosophical assumptions inherent in Western languages are traps that can lead to suffering. Hayes et. al. (1999) state that “human misery can be understood only in the context of human achievement, because the most important source of each is the same: human symbolic activity” (p.11). They conclude that people can use and manage language rather than have it *consume* them.

A number of the previous critiques can be leveled at ACT. Hayes et al. (1999) suggest that the “self is adapted and changed”. It may be that this definition retains the Western philosophical notion of *having a self* as opposed to that provided by the Eastern concept of ‘no-self’. This does not imply that the construct of ‘no-self’ is the answer to stress and suffering, but it supports previous critiques of the ‘rational self’ inherent in the dominant discourses. A number of authors express a need for caution and concern in the area of mindfulness.

Empirical clinical psychology has learned the hard way that an excessive technological focus combined with a purely outcome-based research program can produce misleading findings and thus a less progressive science (p.249)...Alternative research traditions will view and indeed must view the processes differently. If mindfulness is to be a broadly

useful concept, excessive attachment to an underlying philosophy of science probably is not helpful...Multiple definitions and measures will continue...mindfulness methods hold out promise, but given our state of ignorance we should avoid attachments both to specific techniques and to the details of our early theories (Hayes & Shenk, 2004, p.253).

The above quote points to a number of limitations of current mindfulness approaches and supports the findings of the present research. The Melbourne (Australia) Academic Mindfulness Interest Group (2006) conclude that “despite these promising developments there is a risk that mindfulness-based techniques might be misunderstood or inappropriately applied” (p.286). Caution and concern is also expressed by Kabat-Zinn (2003) that:

...mindfulness is not simply seized upon as the next promising cognitive behavioural technique or exercise, decontextualised, and “plugged” into a behaviourist paradigm with the aim of driving desirable change, or of fixing what is broken (p.145)...Mindfulness meditation is not simply a method that one encounters for a brief time at a professional seminar and then passes on to others for use as needed when they find themselves tense or stressed. It is a way of being...it is both the work of a lifetime and, paradoxically the work of no time at all – because its field is always this present moment in its fullness. This paradox can be understood and embodied only through sustained personal practice over days, weeks, months, and years (p.149).

This caution and concern are an indication of both the infancy of the topic in academic sciences and the possibilities for its exploration. The quote below by Olendzki (2005) from *The Roots of Mindfulness* points to these limitations in the Western intellectual traditions and its use of rationality to explore human experience.

The Western intellectual tradition embraces rationality to govern unruly human nature. This can be seen in elegant and elaborated systems of law, social philosophy, and psychology. In the ancient Asian traditions, the rational and conceptual tools we value so highly in the West are seen as often being employed simply to rationalize and justify what we are driven to do, rather than offering much help in accurately understanding our predicament. So reasoning was not seen to offer much help (p.243).

### ***Conclusion***

In this section I have presented literature on mindfulness from varying perspectives. Research on mindfulness has rapidly increased over the last 30 years and has provided a number of useful insights. Mindfulness is often associated with the philosophy of Buddhism although various religions also practice mindfulness. However, in the scientific research focus has primarily been on cognitive and clinical psychological approaches that implement medical and psychiatric models. The alternative approach offered by a Buddhist philosophy does not pathologize and people are viewed as agents of change.

A summary of mindfulness research outcomes is provided to highlight the success of mindfulness approaches and introduce one of a small number of qualitative studies available.



Literature on the processes of mindfulness and practice outcomes are also presented. Contextualist and constructivist philosophical positions are shown to be developing alternative conceptualisations of mindfulness. In fact, Young (2004), in applying mindfulness to chronic pain, suggests that there is a fundamental change in viewpoint, or a paradigm shift, occurring in this area. Finally, the caution and concern expressed by various theorists suggest that important considerations remain unaddressed.

### **Part 3 - Self**

Home had gone. All that had held him for twenty years had sunk without trace in endless blue and with it went that self that had begun to pinch as a shoe pinches when your feet have grown. He shed that self as they banked climbing to cruising altitude above the Tasman and emerged fully formed as his new self.

(Fiona Farrell, *The Hopeful Traveller*, 2002, p.26-7)

The quote above indicates that the current conceptualisation of self is of a moveable, changing, malleable object. Self has not always been conceptualized in this way and the following literature indicates its historical and cultural development as a construct. It is in philosophy that the debates about conceptualisations of self emerge. These conceptualisations form the basis of current psychological, medical and workplace understandings, and therefore treatments, of stress (Solomon, 1990). This literature is presented to provide a framework from which to compare the discourses of stress and mindfulness.

The study of philosophy attempts to answer questions regarding the nature and meaning of God, reality, truth, self, freedom, justice, and life (Solomon, 1990). The literature in this section presents a brief overview of historic and current conceptualisations of self as well as a discussion of the ‘rational man/self’ construct that forms the basis of the dominant discourses. Literature addressing the notion of ‘rational self’ in relation to work stress is presented. The following literature illustrates the socially constructed nature of the self concept to justify the inquiry of mindfulness at an ontological level.

The Japanese philosopher, Watsuji Tetsurō (1889-1969) suggests that culture and climate are influential in the development of philosophical ideas (Cooper, 1996). And suggests that the notions of self that have developed over centuries need to be considered within the cultural perspective from which they emerge. As an example of the climatic impact on philosophical ideas, Tetsurō suggests that it was from the harsh climates of the desert that harsh Gods and

monotheism, such as Jehovah and Allah, originated (Cooper, 1996). The following literature situates the present research within this history of ideas about reality and how knowledge is attained. Cooper (1996) concludes:

Philosophy is an account on the grand scale of the nature of reality, the place of human beings within it, and the implications of all this for how people should comport themselves in the world and towards one another ... [as well as] the rather amazing story of human beings' efforts to articulate reasoned visions of their world and their place within, or perhaps without, it (p.2-3).

The literature here provides the basis for a critique of research on stress and mindfulness and supports these findings. The social constructionist epistemology used in the present study suggests that socially constructed ideas of self impact on understanding and meaning-making. The traditional socially constructed nature of self and stress, it is argued, influences participants' understanding of their experiences. Acknowledging the depth and breadth of philosophical thought I have chosen literature of particular relevance to this research. Having barely brushed the surface of these ideas, this historical account gives the reader an understanding of the various paradigms that have emerged. The questions asked by Gergen (1991) below reflect those it is then possible to ask:

...What is it about our characterizations of self - the ways in which we make ourselves intelligible to each other – that is so critical to our lives? What makes changes in these characterizations important subjects of concern? (p.4)

### **Conceptualising Self**

A complete presentation of these philosophical ideas is beyond the scope of this thesis. The relevant literature outlined below highlights the historical development and social influences on current notions of self which are later compared with the discourses on mindfulness.

#### ***Development of the 'Rational Self'***

The study of philosophy includes debate on notions of self, reality, mind, truth, God and *how* people come to know and experience their world. Shand (1993) suggests that changes in 'how human thought is thought of' around 600 BCE are considered the beginnings of present day philosophy. Socrates, Plato and Aristotle have been the most influential to present day thinking. Socrates (470-399 BCE), considered the *father* of philosophy, was particularly interested in the notion of the essential quality of objects. In regards to justice he searched for the "fixed justice-in-itself...what *it* truly is" (Shand, 1993, p.24). Early Western philosophers developed from these ideas the foundations for mathematics, physics, and systems of justice, as well as ethics and various systems of knowledge. It is from these methods for constructing

knowledge that the current conceptualisation of self emerges. According to Shand (1993), Socrates:

...does not simply state an answer to [a] question; rather he admits his ignorance and asks his interlocutors for hypotheses, which start with experience and the indicative gathering of particular cases as a first step; he then goes on to test the hypothesis through arguments demonstrating their consequences, and shows that the answers merely give an example of the thing he is after (p.24).

The above discourses are evident in the origins of the hypothetico-deductive method of science and corresponding version of self as a distanced, objective observer of experience. Plato (429-347 BCE) proposed that ideas are permanent and real, while material objects are merely the tangible reflection of these ideas, copies that are themselves imperfect. His emphasis on logic is his greatest legacy. Although both Socrates and Plato were said to be trained mystics, it is their ideas on rationality and logic for which they are best known. Aristotle (384-322 BCE) later developed these ideas suggesting that reason was the arbiter of all knowledge where he placed his trust in reason rather than the moving and shifting senses (Solomon, 1990). It may be that from these discourses the subjective and emotional came to be viewed as untrustworthy.

Dualism as a discursive practice was well established in Aristotle's era. In this perspective the world is divided "into opposing pairs, including right and left, male and female, straight and crooked, light and darkness, good and evil" (Goodison, 1990, p.175). There was an ever widening gap during this time between mind and body and between spirituality and sexuality. In idea and language the world became split "between male and female, sky and earth, light and dark, soul and body, superior and inferior, life and death" (ibid, p.183). Aristotle concluded that the soul rules us as male rules female, the soul was viewed as the essence of the self, which was not considered to be the body but related to it "as master is to slave" (ibid, p.175).

Self, according to Goodison (1990), had previously been viewed as a body of a number of parts each with "relatively autonomous life energy" where the body was not separated from the spiritual (p.174). Later self was considered to be "a synthesized body occupied by an abstract spirit which is polarized and separate from it" which later became the version visible in the dominant discourse (ibid, p.174). Before this time, love was equated with "dancing, wine and sleep" but the poetry of the era indicates that love became "a source of misery, making the lover dead with desire" (ibid, p.175). Religious movements moved attention away from physical action toward interiority, morality and guilt. Society moved from a

culture where *shame* was the public or social external expression of wrongdoing to a *guilt* culture where issues of morality became an internal self responsibility (Dodds, 1951).

From this period in time there emerged a Western culture of thinking based on versions of self as mechanistic, rationalistic and individualistic. The senses and emotionality became less prized. Over the last two thousand years there have been a number of swings backward and forward in the emphasis on rationality and passion (emotions). For example, during the Renaissance emotionality and the passions were aspects of self considered more important to gaining knowledge of the world than were reason and rationality, and is reflected in the art of the era. Later, however, knowledge was considered better developed through the use of rationality and reason, and although there was a greater attention paid to emotions, the 'rational self' became the preference.

The information processing model of the mind developed from rationalistic and *cause and effect* models of self and beliefs about knowledge formation (De Bono, 1995). This paradigm discursively constructs the self as a passive information receiving object. Human knowledge production is viewed as similar to a computer and can reinforce the notion of the 'rational self' as a passive agent. De Bono (1995) states the 'gang of three' (Socrates, Plato, Aristotle) developed a model of thinking whereby the answers to life's problems could be found in logic and reason. He suggests, however, that problems arise when there is no answer to a problem or where an answer is unclear. People are then stymied and have no other models of thinking or knowledge production to call upon.

One of a number of later 'rational thinkers', Descartes (1596-1650) suggests that matter and spirit, mind and body are separate aspects of an individual. The concept of self had not previously been thought of in this split fashion. Dualism meant that one could think and talk about the mind as separate from the body, body as separate from spirituality, and emotions as separate from thoughts. During this era the study of the meaning of existence (ontology) was the predominant occupation of philosophers. Descartes, however, wished to explore how knowledge was formed and this is considered the beginnings of the present day focus on epistemology.

In contrast, an alternative model of knowledge formation to that of Descartes is offered by Māori. According to Durie (1989) knowledge is not attained by going deeper, getting detail and dissecting elements of experience, but by going outwards:

Knowledge is obtained from the relationship that people have with wider systems. Not through a relationship with their own feelings, their own thinking, or their own intelligence, but the relationship that they have with the sky, the land, their families, and with things that are much bigger than the individual (p.15).

This alternative is presented to highlight that comparisons to the dominant discourses exist and are discussed in detail below. This literature highlights a different ontological approach to self and knowledge to that most common in Western societies.

The Age of Enlightenment (17<sup>th</sup> and 18<sup>th</sup> century) was the beginning of the modern philosophy of mind and a mechanistic, rationalistic and individualistic view of personhood (Shand, 1993). In Descartes' rationalistic model a *pure* knowledge of the world is possible; the world can be objectively known through individual rational mental processes. Much of later philosophy is consistent with these ideas, as is Descartes' notion of human beings as *thinking things*. Knowledge gained through experience and the senses became inferior to that gained through thought.

The Cartesian position is denoted by methods of dualism, biological reductionism and essentialism. This approach suggests that as nothing can be lost from the mind, unlike a foot or an arm being lost from the body, the mind and body are different and should be considered as separate entities. For Descartes, to doubt meant that there must be an *I* present to do the doubting, this proves the existence of an objective *self* as a unique entity, an idea that forms the conceptual origins of individualism. Cooper (1996) concludes that Descartes:

...involves us in an 'egocentric predicament' from which philosophers, ever since, have been trying to extricate us. One aspect of this predicament is epistemological. If 'I can have no knowledge of what is outside me except by means of the ideas I have within me', the problem looms of how I can escape from this internal confinement so as to acquire knowledge of what is 'outside' me (citing Descartes, *Philosophical Letters*, p.123).

The answer to this question is ultimately that what is *outside* us can be known by an individual using reason and rationality. One example of this 'egocentric predicament' is the debate currently centering on the 'mind-body controversy' and concern for how illness and wellness are understood. Based on past models of self, the mind and body are defined and treated separately which may be problematic for many researchers, theorists and clinicians.

In a move away from epistemological explanations, Melucci (1996) concludes that the dualistic split in the mind-body relationship that defines the self is questionable. This dominant model of thought, he suggests, with its linear causality, is currently being replaced

by more useful conceptualisations of self and health. An alternative conceptualisation is rather than the body continuing to be conceptualized by *mind as machine* metaphors, the body could be said to *embody* the mind where people are viewed as “unified wholes” (ibid, p.62). In this conceptualisation, how illness develops and how it is treated are understood differently and can provide new possibilities for health and wellbeing.

Similarly Allen’s (2002) research indicates that the men in his study, in viewing their body as a machine, as perfect (or not), as being *able* or *performing*, came to experience a distance from *the body*, what he termed a dys-embodiment. This experience of distance results from the mind-body conceptual split and a number of theorists claim that it is a problematic view. An alternative to this dominant discourse is the embodied subject. Here people are *also* their bodies and therefore have “a means of being in the world” (Merleau-Ponty cited in Wainwright & Calnan, 2002, p.83). In a Cartesian approach a mental representation of the body is held in the mind as *the self* and *it* is related to as an object similar to other objects.

In modern philosophy the idea of a psycho-physical dualism (Cartesian) appears to be losing credibility and rapidly becoming outdated. Burwood, Gilbert, and Lennon (1999) suggest this model is no longer viewed “as a viable option” (p.2). However, what they term a *habit of thought* still exists in much of the theory formulation in the field of the philosophy of mind. The authors suggest this has “shaped our understanding of both body and mind” (ibid, p.2). There is disagreement over various fundamental bases of knowledge in most academic fields but particularly in the philosophy of mind. However, Burwood et al. (1999) state that the preferred method for understanding these conceptual fundamentals is still reductionism. That is, the rules of science that are increasingly seen as problematic are used to critique the problems of science.

In current notions of self the physical body is privileged (in dys-embodied terms) and mental states are reduced to descriptions in physical terms. Burwood et al. (1999) suggest that this paradigm is monist and materialist because it views the world as made of one type of substance, the material substance. They surmise that this is not what Descartes originally suggested. The current paradigm is ‘physicalist’ because the nature of the material substance is couched in physical science terms. It is ‘scientistic’ because “it privileges this mode of articulation to the exclusion of all others” (ibid, p.3). The result is that the mind is understood in entirely physical terms and the immaterial is ignored or rejected. The use of reductionism to explore new conceptual fundamentals in the field of philosophy of mind is then

problematic. As stated above, knowledge remains presented and explained in reductionistic and dualistic terms.

In language today in Western societies, the self has become physicalised, objectified, reduced and scientified, and the mind is discursively split from the body. Burwood et al. (1999) suggest that although the Cartesian approach and dualism are often denounced, duality is not the problem. What is problematic, they suggest, is that as knowledge is presented in a dualistic fashion it is at once:

...exclusionary (that things are one or the other but not both), autonomous (each exists as a separate entity without the [acknowledgement] of the opposed term), and that the first term in each case is in some sense privileged (that it is of primary importance and something to which the second term plays a secondary and oppositional role) (p.5).

### ***Expanding on Rationalism***

Rationalism is a philosophy stating that reality is based on reason and intuition “independent of experience” (Solomon, 1990, p.324) and that valid knowledge can be attained primarily through reason. Abercrombie, Hill and Turner (1984) suggest that in the rationalist philosophy:

..only deductive or inductive reasoning could provide precise and reliable information about the world. In sociology, rationalism was associated with positivism...in the nineteenth century. Rationalism, however, often led to an implicit value-judgment asserting the superiority of Western civilization over other societies and over ‘primitives’ who were regarded as irrational (p.173).

The Rationalists of the 17-18<sup>th</sup> century advocated an inherent right and wrong in the world. This dominant social theory of mind and self suggests that external objects are reflected *as themselves* in people’s thoughts. How I think of the world is exactly as it exists objectively *out there*. The philosopher David Hume (1711-1776) was opposed to many of the Rationalist ideals. He suggested the senses were an important aspect of experience (Cooper, 1996). For example, a responsible citizen does not merely act on reason but develops feelings for the welfare of fellow citizens. The Rationalist’s, however, suggested that the welfare of fellow citizens was an inherent right that all would obey.

Hume was a radical skeptic and an empiricist; he suggested that knowledge comes not only from rationality but also from direct experience, as well as the act of registering that experience (Cooper, 1996). He said that people hold in memory and integrate experiences, while continuing to form associations between experiences. This suggests that people cannot

know an external reality outside of their conceptualisation of that reality (Mossner, 1969). In this model, self is viewed as an active agent in the development of knowledge and experience.

This is an alternative to Descartes' view as it places greater emphasis on the power of the concepts people hold in their minds to influence their understanding of *a reality*. The mind is said to be like a stage where perceptions, thoughts and feelings come and go. This notion of a *changing* self due to people's conceptualisations of the world has similarities to the concept of self in mindfulness approaches (see Part 2). Thoughts, feelings and experiences are viewed as integral to people's construction of their self. Hume advocates a return to a spontaneous experience of the world, advising people to see the world as a child might (Mossner, 1969).

In Hume's philosophy, knowledge is separated into impressions and ideas, impressions being the immediate experience of the world, and ideas the representations or recollections of those impressions. He suggests that there is no rational reason to believe in the existence of a permanent self (Cooper, 1996). The mind, Hume says, cannot know itself because it will only perceive more thoughts, feelings, sensations, and not be able to identify what connects them. And because people predominantly use *cause and effect* thinking (law of causation) they are generally on *automatic pilot* holding many preconceived notions about their world<sup>10</sup>.

In implementing the *law of causation* people come to expect that certain events naturally follow other events and therefore this is what they experience as *true*. Hume suggests people are often wrong and cannot experience a great deal of the world because of these automatic notions and will often make inaccurate assumptions (Mossner, 1969). He concludes that because of these inaccurate assumptions people cannot make sense of their world outside of their expectations. Finally, Hume cautions against an over-reliance on the concept of the law of causation (*cause and effect thinking*) because the future may not always resemble the past.

A major critique of the Rationalist perspective by Hume (Cooper, 1996) states that people cannot know if perceptions are *created* by external objects (as was the dominant theory of the time) because people are unaware of the actual production of perceptions in their mind. Therefore, how is it possible, he asks, that thought is an accurate and true reflection of what is *out there*? Hume suggests that (similarly to mindfulness training) people should simply observe the "passing parade of [their] perceptions" (Cooper, 1996, p.249). Here self is

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<sup>10</sup> The notion of *automatic pilot* is taught on the mindfulness programme in this research, see Appendix A.



conceptualized as a single unified *observer* who experiences single, unified perceptions as though *on parade*. Hume concludes that it is a cultural custom, or habit, that dictates these traditional *ways of knowing* the world.

In this era debate raged between the humanist view of self as unique in being human and science's increasingly mechanistic view of people as purely physical machines (see Part 1). Immanuel Kant (1724-1804) is credited as being the most influential philosopher since the Greeks (Cooper, 1996). He objected to what he saw as the dogmatic doctrines of the Enlightenment and Rationalist period and suggests the doctrines of the time - materialism, determinism, and atheism - do not fit with actual experience (Cooper, 1996). The rationalists were simply not able to prove their ideas (e.g., that thought is an accurate reflection of the world *out there*).

Kant's philosophy is concerned with the "limits of human knowledge which are imposed on it by the nature of human reason itself" (1992, p.xli). He was greatly influenced by the ideas of Hume who considered actual experience to be more important than simply constructions of, or thinking about, experience (Cooper, 1996). Experience, for Kant, is an important aspect of how people make sense of their world and gain knowledge. He expressed concern with what he saw as rationalism and science's "reduction of humans to *specks of dust* in a *mechanistic universe*" (Cooper, 1996, p.296). Kant advocates a *republican enlightened despotism* and rejects the nearly universal embrace in his time of reason and rationality. He states that only:

...through art, not philosophy or science, knowledge of the deepest things is attainable...  
[which is that of] an ineffable, supersensible reality (cited in Cooper, 1996, p.296).

Kant advises people not to rely only on their senses for knowledge, nor use reason dogmatically, but attempt to find an intellectual ground between dogmatism and skepticism (Cooper, 1996). Self, he concludes, is a "universal morality upon the will of the autonomous, rational self" (p.382) where an *empirical self* is subject to mechanistic and causal laws. This conception of self is of a separate self who is a *spectator* housing a moral, rational and free will. Knowledge is obtained through sense experiences and not only through reason. Kant suggests people should be aware of the concepts and categories they apply to experience. This theory has similarities to both social constructionism and mindfulness and these similarities are discussed further below.

The beginnings of cognitive science and the current world views are visible in the philosophies outlined above which form the foundations of psychology and other academic disciplines. Kant extended what Cooper (1996) called the limited hegemony of the Rationalists, to include the experience of the senses. He struggled with the question of how a mind can conceive of itself and came to decide that it could not. Similarly to Hume, his notion of self is not of a fixed entity but is one made up of ideas and impressions that ultimately change (Mossner, 1969). However, as an empiricist Hume includes sense experience as an aspect of legitimate knowledge only if it is measurable and this influenced Kant's ideas. These philosophical foundations are evident in current positivist paradigms and quantitative methodologies.

The conceptualisation of self that emerged from this era is a result of the historical nature of the dominant epistemology in science and its social context (Usher, 1997). This epistemology also developed as a reaction to medieval church traditions that viewed knowledge and truth as "the authority of divine texts" (ibid, p.2). Prior to the Rationalists it was believed that knowledge could only be obtained through divine revelation. Historical and social influences, such as the relocation of power from the church to the state and the concurrent development of the industrial revolution, were also contributory factors to the notions of self that emerged. Usher (1997) suggests that what prevailed in this model was the "democratization of knowers" (p.2). It offered a model of thought with a scientific discourse that included experiment, observation, measurement, an inter-subjective testability, and rational explanations for experience. The historic and social (contextual) nature of experience is eliminated and people gain rational knowledge which may not, however, necessarily match their experience. Usher (1997) concludes that:

...in order to be seen as valid, knowledge [currently] has to be de-historicized, detached from its source in experience (since experience could only become knowledge when acted upon by reason) and from the place where it was made (p.3).

The methods of this rationalistic epistemology can be viewed as "cultural artifacts, historically-located and value-laden" (ibid, p.4). Because of this Usher (1997) suggests that it is increasingly becoming necessary in the social sciences to provide a reflexive account of the "place of the researcher" (p.1). Research then provides the historical and social contexts of its study. This, he suggests, can counter many of the limitations created by a rationalist positivist epistemology. He concludes that in developing knowledge it is not enough to present the outcomes of research but imperative that method and ontology are explicit and the implications of these choices addressed.

### *Alternative Conceptualisations of Self*

In this section a number of philosophers are introduced offering alternative ideas of self to those of the dominant discourses. Theories of self, or what it is to be human, are discussed from the perspectives of the Buddha, Heidegger and Deleuze. The ideas attributed to the Buddha are presented in more detail here as mindfulness originates in Buddhism. The perspectives of each theorist are extensive and a full coverage is beyond the scope of this thesis. However, a number of key ideas are introduced to indicate the range of perspectives from which to compare and contrast those of the dominant discourses to support the conclusions of this thesis.

#### **Buddhism**

The teachings of the Buddha (Siddārtha Gautama, 480-400 BCE) provide one alternative version to that of the dominant discourses of self and stress. Buddhism incorporates a great variety of traditions and philosophical ideas. Mindfulness meditation is most commonly associated with the philosophy of Buddhism although it has been practiced in many religious contexts. Kabat-Zinn (1990) suggests that the MBSR programme incorporates mindfulness independently of the Buddhist belief system or ideology. He states that it “stand[s] on its own as a powerful vehicle for self-understanding and healing” (p.12) with its “overriding concerns [with] the relief of suffering and the dispelling of illusions” (p.13). Kabat-Zinn (1990) concludes that:

...the problem of stress does not admit to simpleminded solutions or quick fixes. At root, stress is a natural part of living from which there is no more escape than from the human condition itself. Yet some people try to avoid stress by walling themselves off from life experience; others attempt to anesthetize themselves one way or another to escape it. Of course, it is only sensible to avoid undergoing unnecessary pain and hardship. Certainly we all need to distance ourselves from our troubles now and again. But if escape and avoidance become our habitual ways of dealing with our problems, the problems just multiply (p.2-3)...The essence of mindfulness practice is to work at waking up from the self-imposed half sleep of unawareness in which we are so often immersed (p.365).

Although Kabat-Zinn (1990) suggests mindfulness ‘stands on its own’, the above quote alludes to a number of ideas in Buddhist philosophy. One is the practice of *acceptance* of all aspects of experience, without the advice to *avoid or reject* experience that is found in Western approaches. The literature on mindfulness was presented above, in this section literature is presented on Buddhist conceptualisations of self. This literature indicates that mindfulness meditation is based on particular notions of self different to those in the Western dominant discourses. This literature indicates that the way in which stress and mindfulness are viewed is based upon a particular ontological approach.

A approach of Buddhist traditions is that the contents of the mind are not considered to be *the reality* but rather a construction of reality. It is this construction of reality that people then equate with *a self* and which creates suffering. The Buddhist notion of ‘no-self’ is the view that a self is often merged and identified with the contents of thought and feeling, and this is simply what minds do<sup>11</sup>. In this view, Brazier (2003) states, people create:

...[a] fortress...to protect ourselves from experiencing the pain of loss and impermanence. It is our greatest defense mechanism. It is also our prison. Keeping this fortress in place becomes a life project, and consumes large amounts of our energy (p.32).

Suffering is the main focus of the Buddha’s inquiry and he explored its cause as well as its cure. Cooper (1996) suggests there are similarities between the Buddha, Hume and the French intellectuals in the concept of ‘no-self’. As stated, according to the Buddha it is the attachment to the notion of ‘a self’ that creates suffering (Brazier, 2003). Because external objects are seen as separate to oneself people assume there is a separate ‘self’, i.e. an object that is *thought* of as separate. The heart of the Buddha’s teaching is that the cause of suffering is the holding onto this notion of a self which is always at risk of being hurt or offended. This approach views the self as a shifting, changing set of thoughts and beliefs, as opposed to an objective entity. In contrast, self and thought in Western ontological terms, are seen as *objects* that can be viewed objectively as if *out there*. This is reflective of what the Dalai Lama (2005) terms an independent objective reality or the *solid ontological status* of self. Thoughts, feelings, bodily sensations, and even the self, according to this objectifying perspective, can then be avoided, changed or removed.

Similarly in the West, Nietzsche and Wittgenstein both suggested that it is the existence in language of the *I* that promotes and encourages the idea of a “discrete object to which it refers” (Cooper, 1996, p.41) and that this is problematic. Cooper (1996) summarizes:

There is but the one world in which, like everything else, we are inextricably interwoven. Liberation is no longer a matter of escaping from that world to another, purer one, but of obtaining a right philosophical perspective upon it – a perspective which will carry in its train, for the person who can truly live it, a sense of the insubstantiality of things and selves. And when that sense goes deep with us, ‘grasping’ after the things of the world, for the supposed sake of our selves, comes to look pathetic and futile (p.6).

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<sup>11</sup> An example is of a person who considers themselves to be ‘good and valued’ because they are materially wealthy. Suffering occurs, according to a Buddhist perspective, because the opposite also becomes true in the person’s mind. That is, their self is seen as ‘bad and not valuable’ if they become materially poor.

This perspective suggests that difficulties arise from personifying self-reflections and self-judgments and assuming self is the same as the contents of one's thoughts. This conceptualizes people as a "loose bundle or series of perceptions and thoughts, which we call *a person*" (Cooper, 1996, p.217). This perspective suggests that because people are dependent upon their physical environment they become conditioned by circumstance and this conditioning creates a particular notion of self to become attached to (Brazier, 2003).

The notion of 'emptiness' is also central to Buddhist theory and suggests that objects in and of themselves cannot *make* people believe or feel in particular ways. This is evidenced where people think and feel differently about the same object, situation or person. The perspective of 'emptiness' points to how a conditioned mind constructs events in particular ways and how people are then influenced by this conditioning to act and behave in habitual ways (Roach, 2000). This perspective suggests that outside of thinking there is 'emptiness' - a notion similar to Kant's 'ineffable, supersensible reality' (see above, p.87). There are similarities in this notion to Heidegger's "*being* as the transcendental ground of the world" (Bracken, 2002, p.90). Enlightenment or awareness occurs when people view the *inherent emptiness* of the world and understand that attachment or avoidance is due to a self concept that is created by past conditioning. Brazier (2003) concludes that:

...the teaching of non-self is not a denial of the existence of the person as a complex entity, functioning in a complex world. Non-self theory places people in dynamic encounter with one another and with the environment they inhabit. It acknowledges the ever-unfolding social process and the ways in which people provide conditions for one another (p.138)...As it receives the radio signals emitted by far-off stars and galaxies, the telescope dish focuses them into the central point. Then its receptors transmit the information to the control room. To accomplish this, the telescope dish needs to be empty. If it does not have a clean surface, reception of signals will be distorted and data may be indecipherable. Similarly, if we aspire to be open and in contact with others, we need to create clean space in ourselves (p.175).

The presentation of this literature is not meant to convey that Buddhism, or even mindfulness, is the correct or only view of self. As seen in the above quote, self can be conveyed in this literature mechanistically, rationally and individually (as in the 'telescope dish' metaphor above). The purpose of this literature is to show the background upon which the mindfulness training is based. The following literature describes the origins of the Eastern-based concept of 'no self' designed to help alleviate suffering.

The Buddha suggests Four Noble Truths based on his observation that suffering (*dukkha*) and affliction are universal (the first noble truth). Gunaratana (1992) states that *dukka* does not merely mean an agony of the body. But rather "it means that deep, subtle sense of

unsatisfactoriness which is part of every mind moment and which results directly from the mental treadmill” (p.5). The first of the Buddha’s *truths* is that sickness, old age and death come to everyone and therefore inevitably people attempt to avoid this suffering. Suffering and affliction are said to lead to a reaction, or *samudaya*, the second truth. As people encounter suffering they naturally respond to it in particular ways. The Buddha suggests that people make an identification of the self with greed, that they dis-identify with hate, or that they become ambivalent and confused with delusion. Because of these practices people *thirst for* ‘self-creation’ wanting sense-pleasure rather than suffering. Sogyal Rinpoche (2002) suggests that Buddhist meditation masters are aware of “how flexible and workable the mind is” (p.59).

The third noble truth is that thirsting, craving or a need to re-create self can be let go of and contained. The Buddha suggested that “the way to face *dukkha* is to let go of the object to which the thirst has become attached” (Brazier, 2003, p.13). That is, to let go of the thoughts and feelings with which the external object has become connected. The spiritual path, or *marga*, the fourth noble truth, can be practiced to attain an enlightened life and therefore heal universal suffering. The Buddha suggested that due to *dukkha* people search for comfort to divert attention away from pain (indulgence), and so rely on their role or identity (self-creation) to help avoid pain and/or seek oblivion or non-being (self-destruction).

The following quote by the Dalai Lama (1996) indicates a similarity between this approach and that of the *appraisal* approach in the stress literature (i.e., originating with Lazarus & Folkman, 1984).

Despite many material advances on our planet, humanity faces many, many problems, some of which are actually of our own creation. And to a large extent it is our mental attitude – our outlook on life and the world – that is the key factor for the future – the future of humanity, the future of the world, and the future of the environment. Many things depend on our mental attitude, both in the personal and public spheres. Whether we are happy in our individual or family life is, in a large part, up to us. Of course, material conditions are an important factor for happiness and a good life, but one’s mental attitude is of equal or greater importance (p.38).

The quote indicates the similarities between Buddhism and the dominant stress discourses. The notion of appraisal and mental attitude, or one’s outlook on life, is central to both perspectives. However, Kiely (1996) suggests that Buddhism as “a highly rational system of self-discipline and psychology [also contains] accounts of experiences beyond the usual limits of reason and nature” (p.xiii). Past conditioning is influential on the mind’s ability to make sense of the world but suffering cannot altogether be remedied by reason alone.

The Dalai Lama describes the concept of causality (*cause and effect*) also central to Buddhism, by stating “if you act in a certain way, then you experience a certain effect, and if you do not act in a certain way, then you will not experience a certain effect” (1996, p.54). The Dalai Lama talks of illness as connected to certain causes, a person with patience, tolerance, tranquility and calmness might experience less illness.

As discussed in Part 1 it may or may not be the case that stress causes illness. A major difference in the Buddhist approach is that ‘the self’ is not discursively connected to the outcomes of experience (e.g., a bad or wrong outcome does not mean the self or person is ‘bad and wrong’). Therefore stress is connected with illness more holistically and along with multiple other *causes and effects*. As stated above, Hume suggests that it is an over-reliance on the laws of causality that is problematic (Mossner, 1969). An over-reliance on *cause and effect* thinking and attachment to the ‘self’ as a reflection of thought, can lead to suffering or stress.

The Buddha suggests that the path to end suffering necessitates the practicing of *the eight-fold path* (of which mindfulness is only one path) within *the three refuges*. This spiritual path is made up of a number of teachings or *the right path*. The eightfold path is a remedy for affliction and suffering. It consists of having a right view, right thought, right speech, right action, right livelihood, right effort, right mindfulness, and right *samadhi* (or deep meditative states). In this approach “mindfulness is often taken to mean awareness, but can also describe the practice of keeping the Buddha in mind...an experience of perception without grasping” (Brazier, 2003, p.101). This philosophy suggests that there is always a choice between distraction and the spiritual path, between escapism and an engaged life, and between self-creation and non-self (ibid, 2003).

This practice allows people to “step outside of this endless cycle of desire and aversion” (Gunaratana, 1992, p.7). In this approach the mind does not try to *freeze time*, grasp, block or ignore what happens but attains a “level of experience beyond good and bad, beyond pleasure and pain” (ibid, p.6). Mindfulness is a skill that can be learned to enable another way of perceiving the world to gain relief, relaxation, peace, happiness, equanimity, and contentment. In this view it is important to make the unconscious conscious (ibid). The unconscious is an unawareness that leads people to attach, desire, and grasp at the same time being unaware that this is occurring, and this leads to suffering. Finally, the Buddha advises

that the practice be supported by *the three refuges* – the *Buddha* (the inspirational source), the *Dharma* (the teachings) and the *Sanga* (one’s spiritual community).

A number of the criticisms leveled at stress interventions can apply to this approach (see p.73). Buddhism may be seen as advocating a cognitive and non-emotional version of self. However, at an ontological level it appears to offer an alternative conceptualisation of self. To remind the reader, *right mindfulness* is one path on the *eight fold path*. Mindfulness as it is often implemented in the West appears to be removed from its wider philosophical foundations. Mindfulness practices are seen, in this paradigm, within the context of other practices and values. The exercise of de-contextualizing mindfulness in Western approaches is discussed further in Chapter 6.

Traditionally self has been conceptualized as a human being who uses rational thinking and subjective experience to understand themselves and their world (although with varying emphases). The Buddhist approach alternatively offers ‘no-self’ as a conceptualisation whereby the contents of thought and one’s feelings do not constitute an identity. This does not mean that self then becomes a *changeable thinking-self* but rather the mind and the contents of thought do not constitute ‘self’ at all, that is not who we are.

Western philosophers often argue at the epistemological level about how people come to know reality and conclude that it is predominantly through reason and rationality. The self is said to be a rational individual whose thoughts, feelings and behaviours are indicators of the person or self. The Buddha and other Eastern and Western approaches, not all of which are presented here, provide alternative conceptualisations of self to those of the dominant discourses. From the Tibetan Buddhist approach the Dalai Lama (2005) discusses the assumptions of the dominant scientific view:

Underlying this view is the assumption that, in the final analysis, matter; as it can be described by physics and as it is governed by the laws of physics, is all there is. Accordingly, this view would uphold that psychology can be reduced to biology, biology to chemistry, and chemistry to physics. My concern here is not so much to argue against this reductionist position (although I myself do not share it) but to draw attention to a vitally important point: that these ideas do not constitute scientific knowledge; rather they represent a philosophical, in fact a metaphysical, position. The view that all aspects of reality can be reduced to matter and its various particles is, to my mind, as much a metaphysical position as the view that an organizing intelligence created and controls reality (p.12).



## Western Philosophy

This section briefly presents the ideas of two Western philosophers offering alternatives to dominant discourses of self. Bracken (2002) suggests that Heidegger (1889-1976) offers a useful critique to the Cartesian foundations for the study of traumatic stress. This is relevant literature as trauma models are, according to Bracken (2002), based on the philosophical foundations of current stress theories. The traditional view is that knowledge about the world is gained through a *mind/internal* versus *world/external* separation. This is Descartes theoretical separation between the *thing* of the mind and the *thing* of the world as two different *substances*.

According to Bracken (ibid.), Heidegger has suggested that Cartesian dualism prevents people from understanding the true nature of reality. Bracken (2005) concludes that Heidegger is “striving to get away from a view of human reality as something grounded in a meaning-giving transcendental subject...and beyond an atomistic vision of human reality” (p.231). Human reality is at once individual and social, leading Heidegger to coin the term *dasein*:

...[which] involves an openness to all things, including itself...human being is irreducible, perceptive world-openness...As far as we know, humans are the only creatures on our planet that are ‘open’ in this way. Not only does a world show up for us but we are aware of our role in this. We are aware of the world as a totality. We can think about time and its origins. We can imagine our own death and thus the passing of the world. In short, in Heideggerian terms, we are open to the question of being. We are ontological (Bracken, p.231).

Heidegger argued that the *question of being* or what it is for something to *exist* is clouded by philosophical and everyday thinking. He contended that “human subjectivity is not just another entity in the world but is instead the transcendental ground of the world” (Bracken, 2002, p.90). Heidegger argued that reflection, the detached reflective stance, is secondary to *being* and knowing the world emerges out of this experience. And he recommended returning to an “everyday involvement with things” (ibid, p.90). Bracken (2002) concludes:

Dasein is ‘always already’ involved and the world is always primarily ‘ready-to hand’ (*zuhandren*), and as such it is always already meaningful prior to any reflection. Descartes and Kant began their reflections with the assumption of disconnection between mind and world (in Descartes this had an ontological dimension). They then sought to find instances of epistemological connection which were certain and secure. By starting with the notion of Dasein as already in the world Heidegger actually reverses the direction of the problematic...what needs to be explained is not the connection, which is the basic given but the instances of disconnection. Such instances of disconnection occur when we are interrupted in our practical, cognitive or emotional involvement with the world and we find ourselves in the position of reflection (Bracken, 2002, p.91).

It is in a practical engagement with the world that understanding of the world emerges. This is due to and through social engagement in a social world and by way of embodiment. Embodiment is used in Heidegger's terms to mean that *we are our bodies* as opposed to the Cartesian concept of *having a body* (Bracken, 2002). Dasein cannot be grasped by mental representations or formulations alone as it is the experience of being in the world in a practical way. Heidegger suggests "we *know how* to get around in the world before we *know about it*" which contrasts with a Cartesian rationalist philosophy (Bracken, 2002, p.92). Heidegger concludes that cognitive knowledge is simply one "specialized mode of being-in-the-world" (ibid, p.92). Stangroom and Garvey (2005) cite Heidegger suggesting that:

...all conventional, objectifying representations of a capsule-like psyche, subject, person, ego or consciousness in psychology and psychopathology must be abandoned in favour of an entirely different understanding. The new view of the basic constitution of the human being may be called Dasein or being-in-the-world (p.138).

There are similarities in the Buddha's and Heidegger's definitions of being human. Notions of *being present* and aware of one's subjectivity and bodily experience (embodiment) are common to both. Heidegger is critical of descriptions of human consciousness offered by Descartes and others. Bracken (2002) suggests that the answers Heidegger suggests to problems of *being human* should be considered with caution because of his involvement in the Nazi regime. The questions he asks, however, introduce areas of discussion on the limitations of the dominant discourses to explain experience.

According to May (2005), Deleuze "never stops asking the question of what other possibilities life holds open to us or, more specifically, of how we might think about things in ways that would open up new regions for living" (p.3). Deleuze suggests that the meanings attributed to living have changed and are no longer guided by ideas regarding a cosmological order. Currently meaning about how a life *should be lived* is founded upon its individual merits, rather than as part of a larger whole in which one is embedded (individualism). This is coincidental, he says, with the notion of the changing role of hierarchy in society (ibid.). With democracy has come a change in how people come to know themselves, which is no longer within a greater whole, but as a separate individual self.

In contrast to the linear perspective and offer of certainty in a Cartesian worldview, Deleuze suggests the need for the creation of an ontology based on difference, living differently at different levels of experience, with a variety of understandings about who we are. Deleuze's philosophy has similarities to mindfulness approaches with his question of 'how might one

live?’ He appears to be advocating a *present moment awareness*, noticing experience, sensing body experience, and not being past or future oriented but having a kind curiosity toward all experience. Deleuze states:

This is how it should be done: Lodge yourself on a stratum, experiment with the opportunities it offers, find an advantageous place on it, find potential movements of deterritorialization, possible lines of flight, experience them, produce flow conjunctions here and there, try out continuums of intensities segment by segment, have a small plot of new land at all times (May, 2005, p.25).

The literature presented above offers a brief introduction to conceptualisations of self that are an alternative to those of a ‘rational self’ philosophy. This literature adds to critiques below to form a basis from which to triangulate the findings and to support theory regarding mindfulness. The following sections outline current conceptualisations of self, and critique the ‘rational self’ approach to human experience.

### **Current Conceptualisations of Self**

There are a number of widely accepted versions of self in the dominant discourses - that it is the object of its own attention, that it can be reflexive (from various perspectives which underlie many of the activities of the self), and it can be used as a filter to understand the world (Hoyle, 2007). Hoyle (2007) suggests that the self after late adolescence is stable over time, although in different situations, different *aspects* of self move forward to give it the appearance of fluidity. The self of which one is privately aware, is not always the one presented in public and this depends on personal and interpersonal motives.

The self is conceptualized in this discourse as a product of the activity of the nervous system but it is not known where the self resides. The area of the brain where *self-relevant* thought and emotion occur has yet to be identified. It is unknown to what extent the self (or the core of the self) is present at birth. Hoyle (2007) suggests that an “alternative, which, in its extreme form, is unsettling to many” is that the self is totally “written by experience”. The effect of culture on self is as yet unknown and Hoyle (ibid.) questions whether it is “possible that, in cultures that value the collective (e.g., family, religious group) over the individual, there is no clearly delineated personal self?” He defines self:

The human self is a self-organizing, interactive system of thoughts feelings, and motives that characterizes an individual. It gives rise to an enduring experience of physical and psychological existence – a phenomenological sense of constancy and predictability. The self is reflexive and dynamic in nature: responsive yet stable (web page).

The above descriptions of self are supported by decades of scientific inquiry (ibid.). Hoyle (ibid.) suggests there may be a “technological equivalent of an electron microscope” similar to that which found the atom, that could bring the self into focus. Until then we “must be content simply to infer – the human self” (ibid.). Self is further defined by Nevid, Rathus, and Greene (2000) below, as:

...the centre of one’s consciousness that organizes one’s sensory impressions and governs one’s perceptions of the world...[it is] the sum total of one’s thoughts, sensory impressions, and feelings (p.586).

The two definitions above, and those outlined below, are based on a Cartesian philosophy of self as mechanistic, rationalistic and individualistic. Self is viewed as an object (activities of *the self*), a filter. It is compartmentalized (as aspects or parts), *it has* motives, is a product, is an individual (although thus far has failed to be located within the person). It is possible, according to this view, for the self to be “clearly delineated”, constant and predictable, self referent, and “responsive yet stable”. Knowledge is attained through individual impressions, perceptions, thoughts and feelings. Vaughan and Hogg (1998) suggest a psychological definition of self as constituted by the *self-schemas* people create from their *actual-self* (i.e., how one currently is), their *ideal-self* (i.e., how one would like to be) and their *ought-self* (i.e., how people think one should be) (p.35).

Based on child development studies Siegel (1999) suggests that “we have multiple and varied *selves*, which are needed to carry out the many and diverse activities of our lives” (p.229). He suggests that a unitary, continuous self is an illusion created by the mind, instead there exist *self-states* or many selves (a notion common in the cognitive sciences and child developmental psychology). In Siegel’s model the mind is conceptualized as layers of divisible information processing models with separate and unique sets of rules for governing interactions in the world. History and the environment shape the self by repeated relational interactions. These specialized *self-states* are “engrained and develop their own histories and patterns of activity across time” with “cohesion in the moment and continuity across time” (Siegel, 1999, p.230). In this discourse self is not one object but many and is described using dualism, reductionism and essentialism (Usher, 1997). Linehan (1993) refers to the *activities of self* as self-actualization, self-blame, self-control, self-disclosure, self-image, self-injurious acts, self-management skills, self-mutilation, self-observation, self-regulation, self-talk, self-validation (p.555-6).

The journal *Self and Identity* (2007) aims to integrate information about self and identity with the *level of basic processes* where “self-concerns are arguably at the centre of individuals’ striving for well-being and for making sense of one’s life” (web page). One’s self-view influences how people desire to be, their life possibilities and their potential to develop life-goals. Progress toward goals is “monitored, evaluated, redirected, re-evaluated and pursued” according to one’s view of self. As discussed earlier, a focus on individual goals is a relatively new phenomenon in constructions of self and was developed by the early humanists. The journal of *Self and Identity* reflects an approach to self common in the dominant discourses. This view of self focuses on the epistemological level of inquiry, as did Descartes, in an attempt to understand human *processes*.

The nature of reality or *being* in this worldview, is conveyed as universal (i.e., that the self is a separate and objective entity that can be understood through reason). Hoyle (2007) concludes:

The large volume of empirical research on the self has convinced most social and behavioral scientists that the self is real and that no science of the human experience is complete without accounting for it (web page).

The version of self evident in the dominant discourses reflects philosophical conceptualisations based on models of knowledge that emerged in early Greece. Self is generally understood to reside *somewhere*, it is reflected in the contents of thought, it is individual and disconnected from other *selves*, it contains inherent potential – it can always be improved. This method of conceptualizing knowledge and consequently self is the focus of the next section. This brief presentation of literature on self shows its social and historical development.

Social constructionists critique this individualizing nature of social institutions “where the properties of social contexts and practices become the property of individuals” (Butt, 1999, p.130). An example in psychology is where “alcoholism, criminality and mental distress among others are considered properties of individuals” (Burr, 1999, p.114). Furedi (2004) concludes that:

...individualism and the self are much too general to illuminate the question of just what kind of an individual and just what kind of a self is under discussion. Ideas about the constitutions of the self are informed by social judgments and values that are both historically and culturally specific (p.171).

### **Critique of the ‘Rational Self’**

In the dominant discourses people are viewed as *machines*, rationality, individualism, logic and the law of causation (*cause and effect* thinking), are the most common terms used to understand self and stress. Gergen (1991) suggests that over the last century the understanding of self and social interchange has changed. As society becomes intensely populated rapid changes occur, “our previous assumptions about the self are jeopardized...traditional patterns of relationship turn strange” and Gergen (ibid.) suggests a “new culture is in the making” (p.3).

A social constructionist epistemology can aid the understanding of how alternative conceptualisations of self and world might be useful. Traditional assumptions about the nature of reality and *being* are questioned and new knowledge becomes possible. Gergen (1999) below contemplates the self and comments on the focus on individualism and the consequences of this perspective:

If what is most central to me is within – mine and mine alone – then how am I to regard you? At the outset, you are fundamentally “other” – an alien who exists separately from me. I am essentially alone, I come into the world as an isolated being and leave alone. Further, you can never fully know or understand that which I am, for it is never fully available to you, never fully revealed. There can never be anyone who fully understands me in my isolation...even in our most intimate moments I cannot know what you are truly feeling...if this is our dominant orientation to life, what is the fate of close and committed relations, and how can we build cooperative relations on a global scale? (p.118-9).

The above quote suggests that the current conceptualisation of self is problematic. The nature of self and society is changing. It results in changes in the *relative weight* attached to the concepts of self, I and me (Nightingale & Crosby, 1999). What are considered the acceptable contents of self and how variable these selves are permitted to be changes throughout history. Nightingale and Crosby (1999) conclude:

...there is evidence that both the contents and the processes of thought (which must be central to any conception of the self) are largely social in both origin and nature (p.145).

The above quote suggests a focus on the social influences on self. However, the contents and processes of thought in this quote remain, I suggest, discursively connected to the search for an *objective self*. This is contrary to Heidegger’s notion of *being* as a transcendental ground out of which experience and knowledge arise (Bracken, 2002). It is contrary to the Buddhist concept of ‘no self’ or emptiness. This conceptualisation offers an alternative understanding of self where experience is not simply mediated through a ‘rational self’ view.

Social constructionist authors and critical psychologists provide a critique of traditional psychological versions of self. Traditional models commonly separate ‘I’ (self as agent) and ‘Me’ (self as object) and this reflects a dualism between mind and body, and individual and society that is problematic. In these discourses “agency and conscious awareness” (I) are split from their “own contents and goals” (me) (Nightingale & Crosby, 1999, p.152). This split is then viewed as a *natural and inherent* part of being human. Wainwright & Calnan (2002) suggest that many social practices appear natural but are, in fact, cultural and historical artifacts that have come to be considered “universal laws of nature” (ibid, p.90). As a social environment exists prior to birth, people come to assume many of these cultural and historical artifacts are natural elements of their world.

In critiquing the dominant discourses of self Rose (1999) explores how ‘psy’ knowledge (i.e., psychological approaches) and practices are influential in “making up human subjects with particular competencies and capacities” (p.xvi). He describes these *techniques of the self* as ways in which subjects (individuals) have come to be *enwrapped* in proscribed “ways of thinking, judging and acting upon themselves” (p.xvi). Rose (1999) is concerned with how ‘psy’ knowledge’s conceptualize self in ways that encourage people to search inward “through the unceasing reflexive gaze of our own psychologically educated self-scrutiny” (p.213). This *inward gaze*, he suggests, can prevent a consideration of alternative explanations to *individual pathology* as the meaning of one’s distress.

Crosby and Standen (1999) state that “the individualistic, biologicistic and essentialist selves promoted by other areas of psychology are still alive and well” (p.144). The authors suggest that Foucault’s work on the definition and control of ‘self’ is a challenge to reject this conceptualisation that is imposed by the dominant social order. Furedi (2004) concludes that:

...the positing of people as victims of circumstances reflects Western cultural sensibilities towards the uncertainties confronting twenty-first century society. These uncertainties are conveyed through a therapeutic discourse of trauma, anxiety and stress. However, therapeutics does not simply reflect uncertainties...it also cultivates a distinct orientation towards the world. It sensitizes people to regard a growing range of their experiences as victimizing and as traumatizing...the cornerstone of the therapeutic ethos is the belief that the defining feature of personhood is its vulnerability (p.129).

In a similar critique, Nishida Kitarō (1870-1945) suggests rationalism has resulted in an *intellectual self* where people ‘substantialize’ themselves and come to see themselves as objects (i.e., the *self* is an object) (Cooper, 1996). This causes people to disconnect from the world and life to “turn [their] gaze inwards” and results in people viewing themselves as separate objects of a “ghostly variety” (ibid, p.383). Nishida’s philosophy reflects a Zen

Buddhist approach where self is conceptualized as *nothingness* (similar to the concept of ‘emptiness’ above) where subject and object are considered together as one (ibid, p.385). In this version Nishida attempts to fuse the various philosophies of Leibniz, Kant and Mahāyāna Buddhism in his conceptualisation of self (ibid).

Tanabe Hajimi (1885-1962) rejects the idea of a split between self and world, which he considers to be a form of selfishness (ibid). Nishitani Keiji (1900-90) suggests that once this *individual self* (i.e., individualism) is combined with technology people experience an “uncanny homelessness” (ibid, p.382). A sense of *estrangement* from others and from nature is experienced and this leads to much of the suffering in modern society. Similarly the Buddha spoke of a universal sense of *unsatisfactoriness* in the human experience.

The critique of the discourse of a mechanistic, rationalistic, and individualistic self has focused on the negative aspects of this definition of self. There are, of course, positive consequences to constructing self in these terms (e.g., it enables problem-solving, time management, and various useful interventions). In addressing the research questions this thesis is focused on the limitations of the dominant discourses for understanding mindfulness and stress. The strengths and weaknesses of traditional empirical oriented approaches to the topics are addressed elsewhere in the thesis. Literature in the following section presents the ‘rational self’ concept in relation to work stress.

### ***Rational Self and Work Stress***

The emergence of ‘self’ and ‘mind’ in Western language is a relatively new phenomenon (Hayes et al., 1999, p.180).

The above quote points to the self concept as a recent development. In mainstream psychology, medicine, and evident in the structure of work, the ‘rational self’ construct dominates discourse. The early humanists introduced human nature as characterized in terms of “motivation, self-direction, and responsibility” (Hayes et al., 1999, p.110). These qualities were seen to constitute a *new* individual who bridged the “social and cultural values of advanced liberal democracy and the demands of industry” (ibid, p.110).

In this new version of the self and the worker, Rose (1999) points to important ideological constructs: the basic need for tension reduction is replaced with ideas of motivation (Allport); mental well-being is connected to the struggle for goals (Frankl); developing aspirations is important in a “life of increasing but realistic challenges” (Lewin); people are *self-actualizing*



(Maslow); that there is a universal desire to be *fully functioning* (Rogers), and people strive to *grow* (Bruner) (Rose, 1999). These versions of self are visible in the literature on stress presented in Part 1. In fact, Brown (1999) suggests that stress has become “indissociable in the West from a technical-rational grasp of regimen as the means by which self can be *improved and serviced*” (p.37).

In the discourses on stress people are at once valued and de-valued. Harkness et al. (2005) suggest there is an almost *heroic standing* regarding stress. However, the authors suggest that when people view themselves in this way they “relinquish agency and potentially increase their feelings of powerlessness” (ibid, p.122). The subjective position of disempowerment is the predominant interpretive repertoire of the women clerical workers in the Harkness et al. (2005) study. The quote below from this study is an example of this disempowered discourse:

There’s a feeling of hopelessness when you’re not in control over certain things, for me that’s what causes stress; ‘I think the focus is wrong, it’s kind of victim-oriented’; ‘it assumes that people can do something about stress...[yet] there is nothing we can do personally (ibid, p.131).

The authors state that “adopting the stance of a helpless victim may lead to the development of practices and policies based on the idea of a helpless employee who is victim to the stresses of the workplace” (ibid, p.131). They found that the women had a low expectation of their own resiliency and agency. The study highlights a paradox where although stressed individuals have a new moral authority and social status (or an heroic standing), people who are stressed are often referred to in terms similar to the mentally unwell (Wainwright & Calnan, 2002). This disempowered perspective is identified in the literature by various authors (see Furedi, 2004; Lewig & Dollard, 2001).

The women in the Harkness et al. (2005) study communicated their experiences in conventional stress discourse terms, which the authors believe to be an attempt at empowering themselves. They empower themselves by constructing themselves as important *because* they are stressed. They see themselves as empowered by having access to knowledge about stress reduction strategies that help them avoid illness and cope with stress. The authors conclude that this attempt to empower themselves may have been to counter their undervalued position within the workplace (as female clerical workers).

Although learning the language of stress was described as empowering by the clerical workers, their construction of an individualized stressed subject fails to acknowledge the external influences that shape a person's experience (Harkness, et. al., 2005, p.131).

The authors suggest that how stress is traditionally conceptualized influences “how we construct our beliefs about our self and manage our mental and emotional life” (p.133). The connection the women made between stress and illness showed they internalized their problems as *emotional or health issues*. Whatever the cause, the authors suggest, the final outcome is that the women conclude they have *emotional and/or health problems when stressed*. There appeared to be no alternative discourses available with which to understand their experience. The clerical workers used therapeutic interventions and took on the subjectivity of *the patient*. As stated above, the discourse of the stressed employee parallels that of the disempowering discourse of psychopathology for the mentally ill. To view stress normally, therefore, is to view it as inextricably connected to disease, pervasive and unavoidable (an *epidemic*), as caused by external situations beyond our control, and only by changing the external environment, or how we feel, will stress be eliminated or avoided. Wainwright and Calnan (2002) conclude:

...the phenomenal form of the work stress epidemic, i.e. which presents itself to consciousness as mental and physical illness caused by work, is equally mystifying because it hides the historical and cultural factors that have led to adverse experiences at work to be interpreted through the individualized idiom of medical discourse (historical and cultural factors) (p.90).

There were two interpretive repertoires<sup>12</sup> identified in women's discourses in the Harkness et al. (2005) study. The first was that *being stressed at work is normal*. Stress is commonly constructed as pervasive and unavoidable, and for the women “learning to cope is the answer” to stress (ibid, p.127). Although the women spoke about the inevitability of stress they also knew a great deal about stress management strategies (e.g., relaxation, nutrition) and spoke of these as a method for gaining back control. The researchers identified a discourse in the women's talk of the *good employee* who was “competent, responsible, and willing to give their all, while engaging in stress management practices as a way of maintaining their high level of performance” (ibid, p.128).

The second interpretive repertoire was *showing that you are stressed at work is abnormal*. The women spoke of *being silenced in their struggles with stress* as they needed to *hide their*

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<sup>12</sup> “To identify diverse constructions of subjects and objects in the text, we need to pay attention to the terminology, stylistic and grammatical features, preferred metaphors and figures of speech that may be used in their construction. Potter and Wetherell (cited in Willig, 2001) refer to such systems of terms as ‘interpretative repertoires’. Different repertoires are used to construct different versions of events” (Willig, 2001, p.95)

*experiences of stress at work*. They spoke of *being abnormal* if they were stressed; they and others saw stress as a sign of vulnerability, incompetence, weakness and/or being flawed. One participant said that “we’re not supposed to have emotions in the workplace” (ibid, p.128), and according to the women different emotional rules applied to them than to their managers. Stress is generally conceptualized in psychological, medical and work settings as a lack of emotional control, weakness, a lack of intelligence and/or irrationality.

In relation to the talk of disempowerment and lack of agency found in stress discourses Wainwright and Calnan (2002) examined the:

...growing tendency to make generalized claims about the fixity of emotional states arising from ‘traumatic’ psycho-social experiences, and the diminished sense of the self’s capacity to transcend or disembed them (at least without the aid of psychotherapy) (p.89).

The authors’ suggest that it may be preferable to see oneself as a ‘coper’ rather than disempowered, however this reinforces the notion that stress at work is “best understood in terms of the ability or inability to remain mentally and physically healthy in the face of excessive demands and pressures” (Wainwright & Calnan, 2002, p.197). Either way, they suggest, there will remain little change, or challenge, to the status quo. In adhering to current conceptualisations of stress and by hiding emotions, Harkness et al. (2005) suggest, people can remain socially acceptable and avoid being conceived of as pathological (by themselves and others). The authors suggest that this may be one reason why the stress concept is so popular; it provides a successful social function in contemporary Western societies.

Finally, Wainwright and Calnan (2002) question the need for counselling, medication and other therapeutic techniques specifically to remedy work stress:

If we have a heightened awareness of mental and physical frailty, a culture which celebrates victimhood, and an ever expanding therapeutic apparatus; if alternative frameworks for understanding and acting against problems at work have become ideologically and organisationally defunct, it is hardly surprising that the trials and tribulations of working life will be recognized as emotional problems (in a physiological as well as cognitive sense), or that therapies which ‘treat’ those symptoms by lifting the spirits or displacing negative models of feeling should be experienced as a cure (p.187).

The authors state that as therapeutic intervention is based upon a construction of people as *victims* it ultimately damages self-identity. They suggest that a move to blur the difference between ‘copers’ and ‘non-copers’ lowers expectations of human resiliency. The traditional perspective has been one of “valorizing human frailty and undermining agency” rather than a focus on more positive values such as the ability to cope with adversity (ibid, p.196).

To reject the role of victim and decline therapeutic intervention does not in itself amount to a questioning of the fundamental assumptions of work stress, because it may still amount to having one's subjectivity structured within the terms of the discourse, but this time as a survivor/coper, i.e. as someone magically endowed with the personal qualities that the work stress victim apparently lacks (ibid, p.197)

### ***Conclusion***

The above literature presents the historical development and current conceptualisations of stress, mindfulness and self constructs. In the dominant discourses the self is *split*, mind from body, internal from external, self from other, and self from society. Various philosophers debate on what constitutes the self. Primarily, current conceptualisations are of a rational, non-emotional, and autonomous self disconnected and separate from self and other (i.e., 'rational self'). In this approach the self *has* a mind where thoughts are a reflection of reality, "I think therefore I am" (to quote Descartes). The approach incorporates the law of causality, *cause and effect* thinking, and adopts mechanistic, rationalistic and individualistic terms. In contrast, a number of authors suggest that current conceptualisations of self and stress are as dependent on economic, political and social structures as they are on cognitions, emotions, intentions, and behaviours.

### **Chapter Summary**

The literature presented indicates that traditional theories and models of stress are social, historical and cultural developments of the self concept. Current constructs of stress are primarily based on conceptualisations of self as mechanistic, individualistic and rationalistic or as a 'rational self'. Critics of this conceptualisation point to the disempowering nature of the dominant stress discourses. The discourses construct people as vulnerable and passive and *inwardly gazing* resulting in isolation and further stress. This discourse is evident in the prevention and intervention strategies primarily aimed at remedying stress within the individual. The literature outlines a number of stress myths and points to social influences on stress. A number of alternative conceptualisations of stress are offered.

Mindfulness literature from a number of sources was presented. The Buddhist psychology and self-help literatures as well as literature on mindfulness programmes in the West were outlined. The scientific literature shows how peculiarly Western notions of self are evident in the discourse of mindfulness research. Although studies increasingly point to the efficacy of mindfulness, it may be that how it is conceptualized affects the continued use and success of the practice. ACT and Buddhist psychology offer epistemological and ontological

alternatives to the dominant discourses in the area. A number of authors point to the limitations of current perspectives and the possibilities for expanding knowledge.

Early philosophical theorists were reviewed to indicate the historical and social development of both the stress and self constructs. A brief description of the Buddhist approach and Western philosophers offering alternatives to the 'rational self' concept, were also presented. The literature describes the development of the mechanistic, rationalistic and individualistic notions of self contained in the 'rational self' concept, a discourse that is peculiar to Western societies. This literature provides a foundation and rationale for an ontological inquiry of mindfulness.

## Chapter 3 Research Rationale

This chapter summarises the literature previously discussed to highlight a research gap in current knowledge on mindfulness. The summary illustrates that current stress research, on which current research on mindfulness is based, is limited in its approach. This points to the need for an ontological level of inquiry of alternate constructs of ‘self’ evident in the Eastern-based foundations of the mindfulness programme and in the Western context in which it is taught.

To summarise the literature reviewed in the previous chapter, mainstream research on stress is primarily based on physiological and psychological models that focus on the individual in isolation from the influence of social factors. Stress reduction strategies and measures designed to manage stress are therefore focused on how individuals can make changes to manage the stress in their lives. The great deal of debate in the area centers on how stress is defined and on the methods used in its measurement. There is much less debate in mainstream research on the epistemology used to study stress.

Critiques of mainstream stress research suggest it lacks agreement on definition and measurement, and on the basic assumptions upon which it rests. These critiques focus on the historical, social and cultural factors that shape the meaning of stress. In particular they point to the disempowered or ‘victim’ view of ‘self’ that is evident in its current understanding. The 21<sup>st</sup> century has been coined ‘the age of uncertainty’, a term that is reflective of the disempowered view of self found in the stress, trauma, and anxiety literatures in psychology and medicine (Furedi, 2004). Efran et al. (1990) suggest stress research has reached a ‘glass ceiling’ and new approaches are needed.

Mindfulness programmes are often implemented as a stress reduction strategy and existing research with its focus on the individual in isolation from external factors reflects the ontological and epistemological assumptions underpinning the mainstream stress literature. As such, mindfulness research focuses primarily on the individual’s cognitive processes aimed at controlling negative emotions and promoting positive emotions and bodily responses. This research underpins the current use in the West of mindfulness programmes

that are perceived to provide ‘tools’ for managing stress and illness, and given the critiques of the stress literature outlined in Chapter 2, and the problematic nature of its underlying assumptions of a victim self, this may not be the best approach for providing a clear understanding of the mindfulness programmes.

The ontological and epistemological assumptions underpinning mainstream stress research and current mindfulness research do not fit with the Eastern philosophical foundations of the mindfulness programme. In particular, the underlying notion of self evident in the mainstream literatures on stress and mindfulness is of a ‘rational-self’. This notion emanates from earlier ideas of Descartes and others suggesting that mind and matter are separate ‘entities’ where reality is reflected in people’s thoughts. This ontology of self embraces a causative attribution model of the world reflecting reductionist, dualistic and essentialist ideals. In contrast, the ontological approach of the Buddhist foundations of mindfulness programmes teaches an alternative notion of self. In this worldview a ‘no-self’ approach suggests that experience is essentially empty. It purports that one’s ‘idea of self’ can be merged and identified with what one thinks and feels, and this is what minds do. The mindfulness meditation practice on which the MBSR programme is based was originally embedded within a rich philosophical and cultural tradition.

These distinct versions of self with very different discourses highlight disparate worldviews that to date have not been addressed in the research literature.

### **The Present Study**

As mentioned above, mindfulness programmes are delivered globally for stress reduction and the management of illness. At the same time, increasingly there are critiques of mainstream research approaches in psychology, medicine and the workplace that are primarily positivist and focused on the individual. Similarly, mainstream research on mindfulness is ‘biomedical’ focusing on disease etiology and incorporating engineering metaphors to understand the effects of mindfulness and stress on the individual self. This suggests there is a need for research that addresses underlying constructs identified by theorists critical of mainstream psychological and medical approaches.

Research on mindfulness does not address the depth and complexity of participants’ experiences of the training programme as I see it as a mindfulness teacher. I initially

perceived a need for research on mindfulness training with an Aotearoa/New Zealand community-based sample as previous research had been with hospital patients, university students and fee-paying participants of the MBSR programme. This focus developed to address the criticisms of the mainstream approaches upon which mindfulness research is based. There exists a need for research on mindfulness from the ontological level of inquiry that addresses the 'nature of reality' and the 'self' or 'Being' that is utilised in the current approaches.

To explore participants' experiences of stress and mindfulness on an MBSR programme from the ontological level of inquiry the research questions will address what each participant's discourse, and changes in their discourse, can tell us about their experience of stress over the course of the mindfulness programme. It will also explore the ontological underpinnings of mindfulness and what the dominant discourses can provide that is useful for developing an understanding of mindfulness. Finally, I question whether this ontological exploration will support a useful theory that can be applied to the practice and research of mindfulness and stress research.

It was through the research process and while engaging with the philosophical debates underpinning epistemologies and research methods that I perceived a much broader research need than I had originally noted. As discussed above, the mainstream research on stress and mindfulness is positivist and focused on the individual as a 'rational-self'. Alongside this, the critical literature illustrates the problematic nature of the stress construct with its underlying assumptions about self. There is a need to both address and expand on the mainstream positivist epistemology and ontology. Therefore the present study will explore what the ontological underpinnings of the discourses used by participants' can tell us about mindfulness as it is taught in a Western context. There is no previous research exploring mindfulness, stress and self from a social constructionist approach through the delivery of a mindfulness programme.

In summary, in this study questions of mindfulness will be addressed at the ontological level of inquiry by exploring social and contextual aspects of participants' experiences of stress during and after mindfulness training. There is no previous research addressing the ontological underpinnings of mindfulness programmes as they are delivered in Western contexts. The study will use participants' rich accounts of their experiences of this recently



developed Eastern-based meditation programme, and will draw on a social constructionist approach to analyse the data.

The research design and methods are presented in the next chapter.

## Chapter 4 Method

What we learn from experience depends on the kind of philosophy we bring to experience. It is therefore useless to appeal to experience before we have settled, as well as we can, the philosophical question ... the result of our historical enquiries thus depends on the philosophical views which we have been holding before we even began to look at the evidence. The philosophical question must therefore come first.

(C.S. Lewis, *Miracles*, 1948, p.11-12)

This chapter presents the rationale for conducting this study using qualitative methods, specifically a Social Constructionist epistemology and Grounded Theory methods. The research questions are answered by way of this epistemology and method, addressing in part the need for original research. Here the philosophical question is addressed first (as C.S. Lewis above recommends) and a description of the methods follows.

### Qualitative Research

Qualitative methods are generally naturalistic. They enable multiple interpretations of phenomena where “each practice [makes] the world visible in a different way” (Denzin & Lincoln, 2000, p.4). Representations of events are ‘pieced-together’ to interpret complex situations (Denzin & Lincoln, 2000). Through the use of multiple methods of inquiry and a variety of perspectives (or triangulation) it is possible to understand the various representations of the complex world (Coffey & Atkinson, 1996). Qualitative research itself adheres to no particular theory or model of its own, as such, but is a “site of multiple interpretive practices” (Denzin & Lincoln, 2000, p.6). Many authors disagree on what qualitative research is and Denzin and Lincoln (2000) suggest “it is never just one thing” (p.7):

Qualitative research, as a set of practices, embraces within its own multiple disciplinary histories constant tensions and contradictions over the project itself, including its methods and the forms its findings and interpretations take. The field sprawls between and crosscuts all of the human disciplines, even including, in some cases, the physical sciences. Its practitioners are variously committed to modern, postmodern, and post-experimental sensibilities and the approaches to social research that these sensibilities imply (p.7).

The act of describing the world from various perspectives was a hallmark of qualitative research from its inception and there are a number of common threads to qualitative research (Gubrium & Holstein, 1997). It takes a sceptical approach to produce descriptions of the

world that are more than its 'taken for granted' aspects. It at once 'debunks' certain truths while at the same time empathises with participants to acquire in-depth knowledge. A common thread in qualitative research is a commitment to close scrutiny which enables the critique of types of inquiry that fail to comprehend particular complexities of social life. An appreciation for subjectivity is also a common thread of qualitative research where:

...the subject and the subjective are integral features of social life...[where] the researcher is a subject in his or her own right, present in the same world as those studied (p.12)... A skeptical orientation to the commonplace, a commitment to the close scrutiny of social action, the recognition of variety and detail, the focus on process, and the appreciation of subjectivity, all, in one form or another, suggest that everyday life is not straight-forwardly describable (Gubrium & Holstein, 1997, p.13).

As 'everyday life is not straight-forwardly describable' the ability to tolerate complexity is valuable to the research process. This ensures that a researcher presents and discusses inconsistencies, and potentially inexplicable aspects of the research are included in the social process of investigation. This is especially important when the focus of the research is the participant's subjective understanding. In the present research the focus is on changes in the subjective experience of stress and mindfulness. Although not 'straight-forwardly describable', conclusions can be made about aspects of experience that inform the study of mindfulness and stress. The conclusions address 'certain complexities' primarily unaddressed in mainstream research areas.

The choice of research design involves clearly identifying the research question, the reasons for the particular study, the information needed to answer the research question and the best method for gathering that information (LeCompte & Preissle, 1993). In this way the design becomes a "flexible set of guidelines" (Denzin & Lincoln, 2000, p.22) that aligns the chosen paradigm theory to the methods used. Tennen, Affleck, Armeli and Carney (2000) recommend qualitative research methods *because* they can provide richer explanations in regards to coping with stress. A difficulty in qualitative research is how to best represent this knowledge and this has been termed the 'crisis of representation'. Much debate ensues over what specifically is good, rigorous research and this is discussed further below.

## **Reflexivity**

Reflexivity is used to provide 'validity' and credibility to the findings. Willig (2001) suggests that reflexivity in qualitative research is the awareness and discussion of the researchers "contribution to the construction of ... meanings". Researchers cannot be 'outside of' their research (Willig, 2001, p.10). Providing reflexivity enables an evaluation of

the research by providing information on the basis for the claims made. Reflexivity varies between researchers. The inclusion of the beliefs and values of the researcher may be central and integral to the research process or simply acknowledged but not discussed in-depth. I am the mindfulness teacher as well as the researcher in this study. I describe below in Willig's (2001) terms personal reflexivity, that is, the acknowledgement and discussion of how my "values, experiences, interests, beliefs, political commitments, wider aims in life and social identities" (p.10) shape the research process as well as how the research has shaped me. And epistemological reflexivity that addresses:

How has the research question defined and limited what can be 'found'? How has the design of the study and the method of analysis 'constructed' the data and the findings? How could the research question have been investigated differently? To what extent would this have given rise to a different understanding of the phenomenon under investigation? (Willig, 2001, p.10).

This thesis is influenced by many of my interests and experiences. I have worked for 21 years as a counsellor with people on the various manifestations of trauma and stress. My academic background is in psychology and sociology and I have a keen interest in philosophy and history. I have practiced mindfulness meditation for 10 years and have taught it for seven years. I came to this study because I wanted to know more about people's experiences of mindfulness and how it impacted or influenced their experiences of stress. As the teacher and researcher in this study, and given my interests and experiences, issues of 'validity' are raised.

I bring to the research process my cultural, social and personal history as well as the beliefs and values developed in that background. Qualitative research, social constructionist epistemology and grounded theory methods support the notion that reflexivity provides a frame from which to evaluate the findings. Reflexivity is a way to check a researcher understands participants' meaning. I bring to this research my assumptions about the nature of reality, self, suffering and wellness. Some of these assumptions I am aware of, some not so aware of and others are beyond my awareness. In this research I am as transparent as possible about my assumptions, beliefs and values, how they direct my attention to certain areas and not others, and how these assumptions guide and direct the conclusions made. Self-critique or reflexivity is a methodological practice that promotes 'openness' to the data.

In quantitative research validity is assured through objectivity, neutrality and minimizing bias. Schwandt (2007) states that bias results from a prejudiced interpretation of reality where a researcher's interactions "threaten, disrupt, create, or sustain patterns of social

interaction” resulting in prejudicial accounts of social behaviour and therefore less valid research (p.20). Contrary to a Social Constructionist approach this definition suggests a universal definition of reality that can be misinterpreted or prejudged. In this philosophy ‘truth’ or knowledge is gained through the Cartesian method to attain what Schwandt (2007) terms the “sure path to knowledge” (p.21). The ontological nature of self in this view is of the ‘rational self’ (i.e., mechanistic, rationalistic, individualistic). The approach in this thesis is that research is inherently biased because it emerges out of a researcher’s worldview and definition of what constitutes knowledge.

I am aware that this could act as a “self-serving ideology” but I also wish to avoid the trap of providing a “realist tale” (see Schwandt, 2007, p.260). Reflexivity, a critical self-reflection, is a method that provides a “continual movement back and forth between description, interpretation, and multiple voices” (ibid.). The results in Chapter 5 are described in this way. Schwandt (2007) states that “reflexivity understood in this way is held to be a very important procedure for establishing the validity of accounts of social phenomena”.

### *Personal Reflexivity*

Foremost I am interested in understanding my own and others’ experiences of coming to live with pain, trauma and stress; and how mindfulness might contribute to answering the question of, in Deleuze’s words, “how might one live” (May, 2005, p.1). This interest comes out of my experiences as a Pakeha/Scottish female growing up in a working class family during the 1960s and ‘70s in Aotearoa/New Zealand. Abuse and violence were common then, as they are now, but access to support and healing were limited. I believe that power and resources are distributed unequally. From this ‘lens’ I am curious to explore how stress and mindfulness are conceptualized in the dominant discourses. It is then possible, I believe, to explore effective methods to heal trauma and help people live well and address power imbalances. I came to this study believing that mindfulness might contribute to this in some measure.

My interest also derives from my experiences as a married woman and parent (and for a long time single parent) to my daughter who is of Nga Puhī descent. In my working and familial relationships with Maori I have come to see more so the effects of inequalities in power and resources. I began my working career in a freezing works/abattoir in the rural south of the South Island. I later moved north attending university and trained as a counsellor/therapist. For over twenty years I have at various times worked in women’s refuge, rape crisis and

sexual abuse counselling agencies, family therapy agencies and in a community mental health centre. I have trained Lifeline volunteers (a 24-hour telephone counselling service), tutored 'Social Constructions of Mental Illness' at Auckland University, co-ordinated a child psychopathology paper, and trained medical students in the Practitioner Development Unit at Auckland University (teaching communication skills, alcohol and drug awareness, cultural awareness, ethics, stress management and 'the reflexive practitioner').

I currently work in private practice as a supervisor and counsellor with clients on a variety of issues. I teach mindfulness to clients in counselling as well as in public programmes. I work for the Aotearoa/NZ government insurance agency Accident Compensation Corporation (ACC) with clients on issues of traumatic origin, as well as clients referred for Employee Assistance Programme (EAP) counselling. In my practice I am increasingly concerned by the number of clients who report being 'victims of stress'.

My experience is that EAP counselling can be limited in helping clients with stress. Conventional approaches such as time management, relaxation skills training and the various cognitive skills training approaches can be useful. However, with this thesis I hope to expand our understanding of stress and effective measures for its relief. When stress and suffering are chronic over extended periods and more complex (e.g., workplace bullying, personal trauma, economic uncertainty), people may require a number of effective approaches. I have trained for many years to find models and methods of practice that are effective.

I am similar to the participant group in a number of ways and this may mean that I fail to notice important aspects of their experience or equally that I am over-sensitized to their experience. Stating my beliefs and values aids the process of clarifying where this will influence the findings. Participants were all of Pakeha/European descent, most had completed tertiary education and they were primarily of middle to upper socio-economic status. This research may not be transferable to participants of other cultures. I also differ from the participants in important ways that will also influence the findings. My background is working class and I have more academic training than most of the participants. This will impact on the data and themes considered for theory development.

My thinking about mindfulness and stress changed as a result of this thesis. I began with a more reactionary stance to psychological and medical ways of understanding, especially given their increasing interest in mindfulness over recent years. I have come to believe there

is much more to the study of mindfulness and stress than I had anticipated. I have come to believe that various knowledges or ‘partial truths’ contribute to our understanding.

My personal interests and social history have meant that I have met and worked with a wide variety of people and these factors have influenced my understanding. These factors shaped and influenced the questions I ask about how participants experience mindfulness training and stress. The research is shaped by my interest in history and philosophy, in how and why self, stress and mindfulness have come to be conceptualized by society and by individuals and whether these constructs are ultimately useful in helping people heal. I am particularly interested in how mindfulness has been ‘institutionalised’ in the West. A number of medical and psychology professionals, I believe, ‘use’ mindfulness to ‘fix’ people and the research can appear to support this approach. The power and resources of psychology and medicine may be influential in how mindfulness is used. There are benefits in structuring experience in medical and psychological terms. Due to the expansive nature of both the stress and mindfulness area I have chosen to focus attention on its limitations. The questions in this research attempt to explore the ‘structuring of experience’ in relation to mindfulness and stress.

### *Epistemological Reflexivity*

The research questions are primarily defined by my belief that knowledge is generated through a focus on discourse as a ‘vehicle’ to understand the meanings people make (Gergen, 1999). This understanding then informs recommendations for living well and living with distress. Concentrating on discourse, however, does not answer all questions about stress and mindfulness. This concentration is based on beliefs about the central importance of the ‘mind’. It frames the research activity within a set of social, political and cultural practices that are not universal. This focus and practice may fail to acknowledge that people make meaning in many ways (e.g., through a spirituality, the land, their body). The interpretations made in this thesis are some of many possible.

The research could have focused on other areas of participants’ experience; for example, the measurement of cortisol or serotonin levels as measures of stress and the effects on these measures of mindfulness training. The research could have analysed experiences of successful coping where participants score their stress on scales of functionality, time management, or social support (as defined by traditional psychological and medical measures) and changes over time. Had I designed the study and analysed the data in such

ways the findings might be expressed as changes in physiological measures, time management or the increase or decrease in support networks.

My interest in the wider philosophical, social, political and cultural aspects of participants' experiences as well as in the individual will defines and limits the research questions. My interpretation of the data is that of a 45 year old university-educated Pakeha woman in a Western culture and the findings will reflect this worldview. Mindfulness research to date, and most stress research, is positivist and quantitative and this may limit the types of questions asked. The design and methods of analysis in this study 'construct' the data and findings in particular ways and these are at variance with positivism. In line with my personal beliefs and values, and academic training in psychology and sociology, the present study focuses on a gap in current research-based knowledge. Here a critical approach to the dominant discourses provides an original approach to the study of mindfulness.

The data and findings are 'constructed' by my personal and theoretical approach and serve as resources in a number of ways (Schwandt, 2007). I had access to organisations that referred potential participants who themselves may reflect my own beliefs and values. As a consequence this may mean that people with certain interests were attracted to the research (e.g., individual-focused, requiring stress management, mind-centred and internally focused) and this results in particular findings. My beliefs and values influenced my choice of university, faculty and supervisors who themselves had particular interests and contributions.

The years of education and training as a counsellor and meditation teacher brought a particular perspective and, I believe, a depth to this research. My understanding of mindfulness and the Eastern traditions from which it emerges suggests that experience is holistic. And so, I believe that to investigate mindfulness mindfully, I could not remove myself from the research process. In line with this belief, a Social Constructionist epistemology underpins the research questions. This perspective supports a view of the necessity to address as much as possible the 'whole' of experience.

As the findings are 'constructed' I believe they could be confirmed should the process be repeated with a similarly constituted group (see Denzin & Lincoln, 2000). The results, however, can only be said to apply to this group of participants, in this context at this time. In providing an extensive account of the historic and social development of the stress and self constructs and triangulating this with the data from diaries, interviews and emails, I provide a



credible and dependable theory. The theory may be transferable to other Western-educated, Pakeha/European groups from the middle to upper socio-economic strata (evaluation of the research is discussed below). The limitations of a social constructionist approach are presented and discussed below. Future research is needed to assess the theory in diverse settings with diverse groups. The practical value and power of this theory have been tested with the participants' feedback, with other mindfulness teachers, in supervision, and at conferences and presentations.

## **Critical Psychology**

This thesis takes a critical position with regard to the study of stress and mindfulness. Nightingale and Crosby (1999) suggest that:

...critical psychology is a term that covers a range of perspectives that challenge (are critical of) the theories and practices of mainstream psychology, from approaches that aim to give voice to those oppressed by psychology to those that seek to undermine and destabilize the disciplinary practices of mainstream approaches (p.225).

A great deal has been learnt with mainstream approaches, producing many gains to help people manage stress. However, a number of authors suggest that a limited range of questions are answered using mainstream paradigms (Willig, 2001). The mindfulness-based stress reduction programme that is the basis of the present study originated in a medical setting and developed by implementing a number of psychological approaches. Historically mainstream psychology has come to reflect the biomedical model (Bracken, 2002) and recently there has been a greater emphasis on psychological phenomena in medicine. Murray and Chamberlain (1999) suggest an 'accepted reality' in these fields remains unquestioned. Parker (1999) suggests that the theory and practice of mainstream psychology can be dehumanizing while critical researchers have an "holistic understanding" and a "respect for the integrity of experience" (p.25). In this thesis the 'accepted reality' is explored to gain new knowledge about stress and mindfulness. Willig (1999) suggests that particular institutions are reinforced by these ideas and narratives that can be challenged by the use of different constructions. In fact, Gergen (1999) suggests below that:

...to raise serious questions about the self is to send shock waves into every corner of cultural life (Gergen, p.13).

The research on mindfulness accessible during this study reflects the dominant discourses in mainstream psychology and medicine paradigms. There appears to be no research from other perspectives. It may be that aspects of people's experiences of stress and mindfulness have

been neglected in past research while other aspects are overemphasized. For example, Wainwright and Calnan (2002) cite Williams (in a private communication), offering an alternative construction of self, where the mind can “emerge from the body, and at the same time [be] irreducible to it” (p.84). This model offers a non-dualist perspective transcending the usual causative (‘cause and effect’) debates. It offers a new perspective from which to explore experience.

## **Social Constructionist Epistemology**

Research underpinned by a Social Constructionist epistemology focus on “discourse as the vehicle through which self and world are articulated, and the way in which such discourse functions within social relationships” (Gergen, 1999, p.60). This approach is often used as an ‘umbrella term’ to describe a perspective that can oppose the empiricist and positivist perspectives of mainstream psychology (Nightingale & Crosby, 1999). Contrary to these approaches ‘reality’ is said to be socially constructed and not known through pre-existing phenomena that are objectively known.

There is a great deal of debate in the social constructionist field on the issue of objectivity and subjectivity (see Nightingale & Crosby, 1999). In this thesis ‘objectivity’ and ‘subjectivity’ are discussed in relation to the socially constructed nature of self. A social constructionist epistemology provides the ‘space’ from which to reflect on how objectivity and subjectivity are both socially constructed and used in practice. The position in this thesis is not either objectivity or subjectivity but an exploration of the limits of both. The thesis explores the effects of a predominantly rationalistic perspective on experiences of stress and mindfulness. Inquiry is focused on the ground from which these dualistic ideas of objectivity and subjectivity emerge.

In Chapter 2 literature is presented by various authors critical of psychological and medical models many of whom are social constructionists. Nightingale and Crosby (1999) suggest that social constructionist researchers pay attention to the ways in which the possibilities and constraints inherent in the material world shape, and are shaped by, inform, and are informed by, the social constructions people (researchers and researched) live through and with.

From the outset attempts are made to produce for the reader, as much as possible, the participants’ ‘voices’ in regards to their experience. Through interpretations of these ‘voices’

the researcher attempts to arrive at possible meanings. In acknowledging that these interpretations are always one of a number possible, the researcher does not make 'truth' claims. Rather knowledge is viewed as a possible understanding of others' experience. Harré (1999) concludes that in research:

...the turn to discourse is not an invitation to knowledge brokering by social consensus. Instead it involves a huge enrichment of the repertoire of models to which we might turn to reveal this or that aspect of social and psychological reality (p.111).

How participants' meanings are socially constructed and how these meanings affect social relationships is, according to Hayes et al., (1999), an important area of study, theory development is essential if mindfulness is to be optimally utilized. They suggest that clinical science cannot be based merely on "specific formally defined techniques" as has occurred in past research (p.14). The authors suggest that rather than:

...collect a recipe book of psychological procedures; we need to understand human suffering and how best to treat it...Without statements that have broad applicability, we have no basis for using our knowledge when confronted with a new problem or situation; without statements that have broad applicability, we have no systematic means to develop new techniques; a discipline based purely on statements that are high precision, but with narrow applicability, becomes increasingly disorganized and incoherent...without an emphasis on philosophy and theory no other result is possible, because it is difficult to assimilate the mountain of seemingly disconnected bits of information that science-as-technology presents...the solution to this incoherence is the organizing force of well thought out theory and philosophy (ibid, p.14-15).

The literature on stress is scrutinized from the approach offered by Hayes et al. (1999). This view provides a basis from which to compare participants' discourse and the mindfulness literature. Mindfulness research is at risk of developing without a strong theoretical and philosophical foundation. The present research attempts to remedy this gap. The authors (above) further recommend that in developing theoretical and philosophical foundations, it is important for researchers to articulate their position, make their assumptions clear, and present research to the scientific community in a way that allows for critique. This is termed reflexivity in qualitative research.

A social constructionist approach provides a framework that does not advocate reductionist approaches, does not split and separate aspects of experience, nor support the concept of objectivity that many mainstream approaches advocate. Experience is not viewed in ways that remove context, and then fail to return to the 'whole' of the experience.

There is debate within social constructionism on realism and relativism. The relativist approach of social constructionism suggests that there is no knowledge available of the world

outside of our representations (discourse or language that is mediated through the ‘mind’) of it. A realist social constructionist approach suggests that there is a world that exists outside of what can be known and which is independent of people’s representations (or discourse) of that world. The world is more than simply our talk about the world. Willig (2001) concludes:

It is now generally accepted that observation and description are necessarily selective, and that our perception and understanding of the world is therefore partial at best...what people disagree about is the extent to which our understanding of the world can approach objective knowledge, or even some kind of truth, about the world. The different responses to this question range from naïve realism, which is akin to positivism, to extreme relativism, which rejects concepts such as ‘truth’ or ‘knowledge’ altogether. In between, we find positions such as critical realism and the different versions of social constructionism (p.3).

In Western societies people generally believe that God or individual consciousness is what *moves* people (Cooper, 1996). In social constructionism it is suggested that social processes that help people make sense of their self and the world are what *move* people. According to this approach the social processes are visible through “the social reproduction and transformation of structures of meaning, conventions, morals and discursive practices that principally constitutes both our relationships and ourselves” (Nightingale & Crosby, 1999, p.4). A social constructionist approach is compared to that of mainstream psychology below by Willig (1999):

Dominant psychological theories construct categories such as personality types, cognitive styles or psychopathologies, which are conceptualized as independent variables and thus as potential causes of physical and psychological effects, such as behavior patterns or symptoms. Social constructionism draws attention to the roles of language in the construction of explanatory categories and exposes the way in which research practice creates rather than reveals evidence in support of such categories. As a result constructionist accounts allow us to challenge positivist reductionist science (p.37).

Social constructionist approaches can draw attention to aspects of the dominant discourses in psychological theories that have become taken for granted ‘realities’. In exploring these ‘realities’ it is possible to disrupt and challenge current conceptualisations. Gergen (1999) asks “isn’t the very attempt to rid society of depression based on a vision of an ideal society in which everyone is [or should be] happy?” (p.169). Pursuing happiness may not be the most useful way to think about ourselves and our world. In understanding the socially constructed nature of reality it is possible to transcend these constructs to improve social conditions (Willig, 1999). A social constructionist psychology may help to explain why and how individuals or groups make sense of their social environment and themselves and how this sense-making feeds back into, and shapes, the environment. A social constructionist

approach can help “locate alternative visions of knowledge, truth and the self” (Gergen, 1999, p.5). Nightingale and Crosby (1999) conclude that in psychology:

...knowledge is socially constructed rather than an unmediated reflection of an objectively knowable, external reality (citing Rorty, 1979). [And] therefore, the essentialist beliefs of mainstream psychology are incorrect; things like memories, selves, gender, race, sex and cognitive structures are produced by culture and are not the inherent characteristics/properties of individuals (p.212).

A social constructionist approach is compatible with a mindfulness philosophy. For example, the ‘*out there*’ or ‘objective truth’ of positivism is contrary to that of the Eastern foundations of mindfulness. This ‘objective truth’ position suggests there is a reality separate from one’s *interpretation* of reality. However, there are a number to limitations of this approach which are discussed below.

### ***Benefits and Constraints***

The benefits of a social constructionist approach are that they provide new ‘ways of knowing’. Western mainstream approaches to knowledge, as seen in the scientific and lay literatures, reflect a mechanistic, rationalistic and individualistic approach to understanding experience. In line with a Cartesian approach people can be seen to be rational and objective in their approach to themselves and their experience. Research within this paradigm tends to be ‘linear’ while social constructionism tends to be ‘lateral’. Mindfulness based on an Eastern philosophy advocates an holistic approach that is more highly subjective. A social constructionist approach attempts to acknowledge both subjective and objective ‘realities’. This approach would then appear to be a ‘good fit’ when attempting to understand more about mindfulness.

The notion that knowledge incorporates multiple meanings permits a wider variety of understandings of social phenomena. It permits the exploration of particular meanings in various contexts while maintaining the requirements of research rigour.

There are constraints, however, to using this approach. Social constructionism suggests a ‘mind-centered’ view of reality where knowledge is gained through discourse mediated in the ‘mind’. This may mean that the approach is limited where discourse and language is not the ‘vehicle’ through which experience is mediated. There are many methods through which knowledge is gained and not all are quantified by discourse. However, a multi-method approach and replication of the study could counter this constraint. The present study cannot address ‘ways of knowing’ other than the discourse presented by participants.

This research attempts to interpret participants' meanings. The conclusions I make about their meaning may not be what is intended in their communication. Reflexivity in the research process, obtaining feedback from presentations, and supervision, are all attempts to provide as much clarity as possible in the research process. Finally, some versions of social constructionism privilege subjectivity to such an extent that no 'reality' exists except that which is knowable through language. Here I use a more 'moderate' version of social constructionism to account for both objective and subjective 'realities' and provide a philosophical critique of the 'realism versus relativism' debates within social constructionism. The constraints and limitations of the research are discussed further in Chapter 6.

## **Grounded Theory Methods**

Grounded theory originally developed within a realist ontology or worldview suggesting that what emerges from the data *exists in* the data, that is, it exists *out there* in reality, and so is independent of the researcher (Willig, 2001) (see above). It was suggested that this can then be objectively reported. I argue in this thesis against this *out there* conceptualisation of reality (see Glaser, 1992). Grounded theory methods are used here to categorize participants' responses and to theorize about their experience. Willig (2001) suggests that grounded theory methods are "ways in which these processes are systematically presented to a readership by the researcher" (p.47). A description of grounded theory methods and the research process is described here. In this thesis a social constructionist epistemology provides the foundation from which to interpret the themes obtained through this method.

The grounded theory research method is increasingly used in the social sciences, especially in the areas of nursing and health (Giles, 2002). Grounded theory was originally a 'marriage' of the rigour and logic of quantitative survey methods in the sociological research of Barney Glaser and the rich interpretive insights of the symbolic interactionist tradition of Anselm Strauss (Dey, 1999). Their original work *The Discovery of Grounded Theory* (Glaser & Strauss, 1967) brought these perspectives together. Dey (1999) suggests that, in research:

The focus, then, is on both social interaction and its interpretation. Interaction is only possible through an interpretive process by which meanings are acquired or modified; interpretation in turn is acquired or modified through interaction. Therefore human behaviour cannot be understood apart from the meanings that inform interaction. As these meanings emerge from interaction and are subject to continual revision, inquiry must study these meanings (and processes) as they evolve rather than treat them as "fixed" in (or, rather, out of) time (p.26).

The notions of interpretation and interaction are consistent with a social constructionist approach. Human life can be viewed as an interpretive process where the method of inquiry must fit this interpretive process (Blumer, 1969). The interpretation itself is a process of meaning-making, where meanings are constructed and not predetermined. Grounded theory methods provide interpretations of meaning “that knits together the multiplicities, variations and complexities of participants’ worlds” (Henwood, 1996, p.35).

Grounded Theory methods are useful for the present research question because the development of a core social process aids the ongoing development of mindfulness programmes and future research. The development of a core social process from participants’ discourse can help understand their experience. As a reductionist method it can only, however, provide a partial understanding of the questions asked. The method provides a process for the development of themes or categories of meaning from data as well as guidelines for the identification and integration of these themes, enabling theory development (Willig, 2001). The guidelines aid in identifying themes, identifying the links between themes, as well as the relationships between the themes. The theory that develops becomes the framework that explains that being studied (Willig, 2001). Coding the data is carried out by (a) questioning the researcher or the data (e.g., “what is going on here, what is significant?”); (b) by reading the data line by line, paragraph by paragraph, to identify elements, facts, issues; and finally, (c) by creating categories from first level codes and developing these categories into concepts or abstractions of the data (Morse & Bottorff, 1992). Giles (2002) describes grounded theory methods:

The basic idea of grounded theory is that...it generates theory from the data themselves, usually verbal accounts of people’s experiences...these data are then subjected to a continuous process of *coding* and *categorizing* known as *constant comparative analysis*, starting with a large set of descriptive codes which are gradually reduced to a series of analytic categories, and then, in most versions of the technique, refined to a central, or *core category*. The ultimate goal of this analysis is to generate a set of theoretical concepts (or, in some versions, a central process) that best explains the data...The general principle is that data are studied initially at a descriptive level, and as the analysis continues and the data organized into smaller and smaller units, the organizing concepts become increasingly abstract and explanatory, until they can be interpreted by one overarching framework or process (p.166-7).

### ***Evaluating the Research***

A criticism of qualitative research is that it is merely descriptive and therefore not ‘real’ research. It is viewed as unscientific, lacking in rigour, reliability and validity. Giles (2002), however, suggests that it is *rigour* in the research methods that ensures that qualitative research meets scientific standards. Through *constant comparative analysis* (see above

quote) one can “continually check theory against the data to ensure perfect ‘fit’” (p.222). To address the criticisms of qualitative research Giles (2002) suggests four types of triangulation: (a) data triangulation where participants check the accuracy of the data; (b) investigator triangulation where various researchers check the accuracy of findings; (c) method triangulation, which uses a multi-method approach; and (d) theoretical triangulation, where research questions are approached from different perspectives to ensure the theory fits various contexts.

The present research meets a number of these accuracy checks. Firstly, discussions with participants about the results (and presentation at a conference attended by participants) were met with positive responses that affirmed the resulting core social process. In discussions with supervisors the findings were constantly analysed and re-worked to provide a credible interpretation. Denzin and Lincoln (2000) suggest that terms such as *credibility*, *transferability*, *dependability*, and *confirmability* are an adequate replacement for the positivist criteria of internal and external validity, reliability, and objectivity (p.21).

It is important to determine in qualitative research that a reader can be assured that the question asked is answered by the data gathered and answered successfully (Giles, 2002). It may be that qualitative research simply yields additional questions to ponder. In writing up the results of research, Giles (2002) suggests giving “the reader some idea of how you have gone about conducting your analysis” (p.217) and describing the higher-order themes that demonstrate the proposed core social process. This includes a full presentation of documentation, thoroughness of transcriptions and also the inclusion of enough data to explicate theory.

Giles suggests that in the discussion of the research it is important to relate findings to question/s asked and previous literature on the topic, explaining *how* the data is interpreted by the analysis in answering the research questions (Giles, 2002). A discussion of the limitations of the research and who benefits from it ensures well produced qualitative research. Gubrium and Holstein (1997) argue that “qualitative researchers have long insisted that they are not lax, imprecise, or unsystematic; and have now assembled a massive technical literature attesting to this” (p.12).

A qualitative reflexive approach to research may not necessarily be welcome in psychology (and medicine). According to Henwood and Pidgeon (1995) psychology is by-and-large a



non-reflexive discipline “which remains dominated by the experimental, hypothetico-deductive method” (p.8). Research on mindfulness and stress is dominated by psychological and quantitative approaches incorporating a dominant discourse. In researching the question of what participants’ experiences of mindfulness are, from a social constructionist epistemology and using grounded theory methods, it is possible to expand on the understanding of stress and mindfulness. A reflexive approach, identifying and clarifying how the findings are obtained, is used to provide the rigour necessary to verify outcomes.

The results of this study may not be transferable (see Denzin & Lincoln, 2000) to other mindfulness training situations. This group is not representative of all mindfulness trainees or even all stressed people. How the programme was taught may differ from other teachers who may place different emphases on different aspects of the training. The MBSR programme is not a ‘manualized’ treatment (although moves are afoot to do this), another reason why the resulting research cannot be generalized in traditional positivist terms. It is, however, transferable because of the focus on subjective change and the ontology of self. The subjective experience of self as a ‘rational self’ construct is reasonably universal in Pakeha/European dominated cultures and societies. It may be that this change in conceptualisation of self is evident in mainstream clinical, student and fee-paying research participants even while the question of self is not addressed.

The focus in this study is on the ontological notions of ‘self’ through the process of mindfulness training. This focus is an unexpected outcome of the study. I had expected the results to reflect past research and to report on aspects of the stress and mindfulness experience. This, I believe, adds dependability to the findings. The participants who attempt to ‘please the researcher’ (an added issue because of the dual teacher/researcher position) might do this by being ‘good participant’s’ and by describing mindfulness positively. In deepening the analysis to the theoretical construct of the underlying notion of self it is not stress and mindfulness, as such, that are explored but participant’s understandings of self. The data is extensive and could support the exploration of a number of different perspectives other than ontological underpinnings of notions of self. For example, epistemological questions related to methods of coping with stress or the benefits of mindfulness would be useful explorations.

The data indicating participant’s discourse on the positive outcomes of mindfulness are included to triangulate the findings, not to ‘prove’ that mindfulness ‘works’. This adds to the

confirmability of the results by indicating where mindfulness, as it is understood in this programme, is useful for participants. Participants who, through their roles as counsellors, psychologists and psychiatrists, are aware of mainstream approaches to mindfulness add dependability to the results. I was curious to explore their understandings to shed light on how mindfulness is used in these contexts. This would challenge my own 'agenda' to provide a more balanced analysis. In this process I was required to listen more carefully and be aware of my own judgments. The variety and wealth of experience of the individual group members provide 'experience rich' data and is large and diverse to secure a credible result.

Open-ended questions were asked in the diaries to gain a broad range of responses about experiences of stress and mindfulness. The use of semi-structured interview questions enables a focus on mindfulness particularly, especially in relationship to stress. But not so structured that participants were unable to share their experience fully. In the interviews open-ended questions were used, as was reflective listening skills, paraphrasing and summarizing. This was to ensure that I gained a broad array of meanings that I then checked for clarity and accuracy with the participant being interviewed.

The programme for this study is similar to that run for three years in a public forum. I acknowledge that the meanings I have about mindfulness are not universal. I attempt to gain clarity by being reflexive when analyzing the data and writing the thesis. I acknowledge again, however, they can only provide a 'partial truth'. This thesis focuses on participant's subjective experience and subjective change as the 'unit of analysis'. The 'truth' about stress and mindfulness is what it is for the participants. These 'truths' are then framed into a theory about what this might infer about their experiences of stress and mindfulness.

One limitation of this strategy is that it is not representative of all stressed people or everyone practicing mindfulness. The 'checks and balances' of representative samples are not available with this method. Constant comparison within and between the data, however, provides a rigorous method of theory development. The themes and theoretical concepts are checked against further data until saturation is reached (no further sharpening, defining or new concepts arose). Tentative theories were formulated and tested in further readings of the diaries.

It is not possible to conclude that the same results could be expected in all mindfulness groups. The results of this study suggest one possible reading of participants'

conceptualisations of self in regards to stress and how they experience the mindfulness training. In not interviewing all participants' data is missed. The findings may have been further refined or completely refuted with the inclusion of these missed 'voices'. Further research is needed to explore and expand these findings.

## **Research Design**

Below I present details of the research participants, the data gathering methods and the procedures used to research the data.

### **Participants**

A mindfulness training programme (see Procedures) was conducted by me. It began with 29 participants and finished with 18 because over the course of the training a number of participants left. Some people came to some sessions and not others. The MBSR programme ran for six weeks, one evening per week, lasting two hours (see section on Procedure below). The majority of the extracts presented are from participants who attended four or more mindfulness sessions and who provided the most extensive diaries. Data are included from the non-finishers in the group to triangulate the findings. The semi-structured interviews (Appendix D) are carried out with two participants who failed to complete the training and five who attended four or more sessions. The density of data is the important issue in qualitative research and grounded theory methods and this was provided by these participants.

This group provides a 'non-probability sample' and is not representative of the wider populace of stressed people or mindfulness practitioners. Everyone was accepted who agreed to participate in the study from the organisations approached (see below). The participants are mostly from within the helping professions. Most importantly they are a non-clinical, non-student population and non-paying group, an original approach to the study of mindfulness. The relevance of this group I believe is that the participants are reasonably conversant, and many quite knowledgeable, in issues regarding stress. The majority knew very little about mindfulness before the training. The participants may, however, understand themselves, stress and mindfulness in ways that differ from other groups.

Over a period of two years I approached numerous organisations in an attempt to get research participants. The organisations included the University of Auckland Medical School and School of Nursing, the Waitemata District Health Board as well as the Auckland District Health Board and the Auckland Institute of Technology (AUT). I was informed that medical

students would not participate in such a lengthy programme, the nursing faculty was unable to put the programme in their curriculum (as they initially offered) and of the 2000 nurses that reportedly received the request for participants, eight expressions of interest were received.

At AUT after many departmental 'hoops' I was given access to year one generic health students (i.e., physiotherapy, occupational therapy, nursing, and others). I received approximately 60 expressions of interest and when I telephoned 25 people confirmed attendance on the first course. Twelve people attended the first evening programme with six completing the course. I completed the training and this became the pilot project for the study. There appeared to be no difficulties with the online inventories and the daily diary questions and so the original research design remained unchanged.

After my family moved from Auckland to Hamilton, I placed an advertisement in the New Zealand Association of Counsellors (NZAC) newsletter. I also spoke with the director of Lifeline (Waikato) and obtained permission to approach Lifeline volunteers. I approached the psychology advisor for the Waikato District Health Board who offered to circulate the advertisement among her staff. I received a very good response and on the first evening of the programme 29 participants attended. Eighteen participants attended four or more sessions.

Participants were given a Participant Information sheet (see Appendix A) and a consent form (see Appendix B) to sign. Participants' ages range from 24 to 67 years and all are Pakeha/European. Participants are given pseudonyms in the findings, all are referred to as women because there were a smaller number of men than women and disclosing their gender risked confidentiality. Three participants are fairly recent immigrants to New Zealand. Participants' working roles are primarily in the helping professions as psychologists (registered, clinical), psychiatrists, nurses, counsellors (face-to-face, volunteer telephone), and a religious minister. Some participants had multiple roles, that is, health care professional and other. Participants vary widely in their socio-economic status and marital/relationship status (this data was not accessed).

### **Data Collection**

The following section provides information regarding the types of data that are gathered for this research. Diaries, interviews and emails are used to access participants' discourse

throughout the mindfulness training. Below I describe these data sources and how they were gathered.

### **Diaries**

Participants were required to fill in a daily diary for the six weeks of the training and to self-complete an online questionnaire. I collected the diaries at each weekly session and gave out fresh diaries. Participants were reminded to access the online questionnaire within 48 hours of the evening group. Prompt questions on the front page of the diary provide a focus for participants writing about their experiences of stress and the mindfulness practice. The questions are (see Appendix D):

- What did you find stressful today, if not stressful, describe your day? What were the stressors?
- What did you notice? What happened?
- How did you react? Why do you think you were more/less reactive than you may have been? (or were you as reactive as always?). What happened as a consequence of your reactions?

These questions were developed from my sensitivity to aspects of people's experience from previous mindfulness trainings. They are questions that participants answered for themselves in these courses once they learned mindfulness and I wanted to research these questions further. People in previous training programmes had talked of being less stressed after mindfulness training and they 'noticed' more about themselves and their experiences and reacted differently. These questions have not been asked in previous research and point to gaps in the established literature. The questions were used in the pilot study and did not reveal gaps in the questioning or new areas for inquiry. The semi-structured interview questions (see below) inquired of participants' experiences of mindfulness. Further questioning attempted to get participants to expand on what they reported.

After completion of the programme and upon reading the diaries I decided to conduct interviews to gather further data, more specifically on mindfulness (see Audit Trail below). Although I realized I could not ask participants about mindfulness before they had learned about it, I failed to add this as a question. Interviewing participants provides for this shortfall as well as triangulating the results obtained from the diaries and emails.

Daily questionnaires or diaries are an increasingly popular method of data collection (Kinman & Jones, 2001). However, their drawbacks include large amounts of complex data that can be analytically challenging, high demands on participants, and recruitment and retention problems. Mindfulness training requires a great deal of commitment, discipline and focus. The added research component of this training makes it a high demand activity for participants. However, the diaries are generally completed with relatively few participants providing little or no data. Tennen et al. (2000) suggest that the ‘real-time proximity’ of diary data, or daily process research, is a huge advantage although they acknowledge the intense level of time, energy and resources needed from participants and researchers alike. They conclude that:

Despite these significant methodological challenges, we remain confident that at a time when research-based practice, practice-relevant theories, and research pertaining to coping are in high demand daily process research holds the greatest promise of linking psychological research with its strong theoretical and rich clinical traditions (p.633-34).

The use of diaries in the present study was an enormous task to ask of participants. Between the diaries, and the interviews to triangulate the results, there is a large amount of data from which to draw conclusions regarding mindfulness and stress.

### **Interviews**

The interviews were conducted with participants who indicated interest at the beginning of the programme. These interviews are used to triangulate the findings and in one instance a lengthy narrative is used to expand, confirm and support the results (see Chapter 5, Part 3.1). I interviewed five people who completed the programme and who attended four or more sessions, as well as two people who failed to complete the training and withdrew within the first two sessions. Interviews were conducted three months following the end of training. The results are also triangulated with the discourse from the diaries of non-finishers (where available) and from emails in response to my questions regarding their reasons for withdrawing. Most non-finishers withdrew within the first two sessions. The questions for the semi-structured open-ended interviews are (see Appendix D):

- What do you notice is different for you since you did the mindfulness course?
- What do you see mindfulness as?
- How do you think mindfulness works?
- How does that relate to the changes you made?
- What happened in the course for you?

- What aspects or part was more relevant than others?
- Did you feel you made progress all the way through or was there a point when it seemed to come together?

I met interviewees at a venue that suited them, sometimes their home or work, and sometimes in my own home. At my home the interviews were carried out in my consultation room. The audio-taped interviews were transcribed and the transcripts analysed in a similar manner to the diaries and emails.

### **Email Data**

For many of the participants who withdrew from the research email is the only form of communication possible. The participants often talk of withdrawing because of time commitments and email is convenient. Along with the transcribed interviews and diaries, the email responses provide a valuable source of participants' discourse from which to compare and contrast the data. Not all of the non-finishers provided email data as many were difficult to contact or said they could provide nothing further.

### **Quantitative Data**

Due to the epistemological shift outlined previously the quantitative data has not been used in the analysis for this study.

### **Procedure**

This study involves the delivery of a six week mindfulness-based stress reduction (MBSR) programme to participants (see Appendix C). The programme originates from the University of Massachusetts Medical Center Stress Reduction Clinic (Kabat-Zinn, 1990). I added to this basic programme teaching material from Segal et al. (2002) and Tart (1994). Variations were also made making it less of a time commitment for participants as well as removing diet and communications skills information contained in the original MBSR programme. The research programme consisted of a once weekly evening training for two hours over six weeks. Each session consisted of approximately one hour (2x30 minutes) mindfulness meditation practice with the other hour spent discussing the practice, participants' experiences, as well as material on attitudes, beliefs, small mindfulness exercises and poetry.

Not all participants completed the course and of the ones that did, not all provided data. The data gathered for participants who failed to complete the training triangulates the results (in the form of emails). In checking the diary data part way through the course it appeared that there was little data specifically on mindfulness. Participants were then prompted to write about their experiences of mindfulness as well as stress. The interviews specifically focus on the mindfulness training and are presented to triangulate the results.

### **Analysis**

The findings result from the process of grounded theory methods described above (see Giles, 2002; Glaser & Strauss, 1967; Glaser, 1992). The initial coding begins with open coding and identifying the descriptive themes in the participant's discourse (diaries, interviews, emails). The diaries were read and categorized, then all week one diaries were re-read, and then week two diaries through to week six. Finally, the diaries were organized into weeks 1-6 for each participant. At this stage it becomes clear that participant's discourse changes at different periods and in different contexts. I observed the various conceptualisations in discourse across various contexts to ensure interpretations were consistent. The discourse of non-finishers is included to better understand a mindfulness approach and to deepen understanding of the approach.

On separate sheets of paper potential categories were noted. Memos were used to free associate, to unblock thinking and as a way of tracking ideas from the initial ideas by way of the coding process to higher-order category development (Orona, 1997). By making comparisons between these categories and conceptual codes, and by continually questioning assumptions, categories were developed. Identifying the codes and categories and the interrelationships between these progressively builds a larger picture of a commonality in the discourse.

The coding process becomes more focused as the analysis proceeds through integrating the codes into "broader, conceptual categories" (Giles, 2002, p170). The categories structure the codes and concepts to an abstract level that eventually lead to the development of the theory or core social process. The term *saturation* is used to describe the point at which there are no new categories emerging from the data. From the initial analysis of open and focused coding Giles (2002) suggests moving to a secondary analysis which involves reducing the:



...initial set of categories to an explanatory framework of higher-order categories by linking them together in some way, or even breaking them down into more manageable units (p.172).

## **Chapter Summary**

This chapter outlines the Social Constructionist approach used in this study. Grounded Theory methods were used to code and categorize the data and a social constructionist approach guides the analysis of participants discourse. A social constructionist approach suggests that this discourse reflects socially constructed versions of how one should be, who one is supposed to be, and what is considered a successful, or at least, an acceptable self.

In this chapter the research epistemology and methods are described. Justification for the use of qualitative research was provided. A brief discussion of workplace stress by a number of social constructionist authors was provided to balance the vast amount of mainstream literature in the area. This literature too supports the choice of epistemology for the present study. The reasoning for the choice of grounded theory methods only was discussed as was the process of analysis.

The evaluation of research using grounded theory methods was explored and the research design presented. The participants and the process of recruitment were described. The section on data collection includes information on the diaries, interviews and emails that were subsequently used in the theory development. Following the audit trail below, the findings are presented in Chapter 5.

### ***Audit Trail***

In the Audit Trail I highlight what decisions are made regarding the direction of the research.

### **Finding research participants and choice of epistemology**

As described above it was almost two years before I found a large enough group of people willing to participate in mindfulness training and research. I was aware at the outset that what I was asking prospective research participants to do was enormous. From my own training and running programmes for four years I knew that the mindfulness training requires a great deal of commitment. It also challenges many assumptions about ourselves and our lives particularly people's relationship with the concept of time. Participants were not only

required to practice meditation for 30 minutes six days a week but to fill in a weekly questionnaire (online) and fill in a daily diary.

The major problem with a quantitative analysis of the data was that a large number of participants are needed to give the results statistical significance and the university statistician recommended 90 people. I had planned to divide the group in two creating a control group who would participate in a standard stress reduction programme. When only 12 participants showed for the first night of training I made a decision to have only a mindfulness group. When the group dwindled to six finishers (not all attending every session) I was left with very little in the way of data. This coincided with a move to Hamilton and I started once again searching for a research group. As outlined above, an epistemological shift meant the quantitative data was no longer appropriate for the present study.

### **Single cases or group reporting**

This issue presented itself numerous times throughout the analysis process. Did I present participants' reports singularly over time or present what I saw as occurring for the group over time? I have presented the results as categories or themes across single participant responses over time. Following changes in group discourses over time may have failed to show what was unique and different in participants' discourse. Providing reports by individual participants at single moments as well as over time, the responses are then grouped into themes to describe a core social process.

### **Interviewing participants**

Upon reading the diaries I discovered I had a wealth of reports about participants' experiences of stress and not as much as I presumed was needed on mindfulness. Part way through the training I realized that this was an issue and asked participants to write more about mindfulness. Very few did. Three months after the end of the training I selected seven participants (five finishers, two non-finishers) from those who had expressed interest in being interviewed at the beginning of the programme. I knew the finishers quite well by the end of the training and I tried to choose people who had talked a lot about their experiences of mindfulness in the group (the limitations of this approach are discussed above).

The majority of non-finishers I approached did not wish to be interviewed. The reason given was generally that they were too busy or they had nothing to add outside of their email responses.

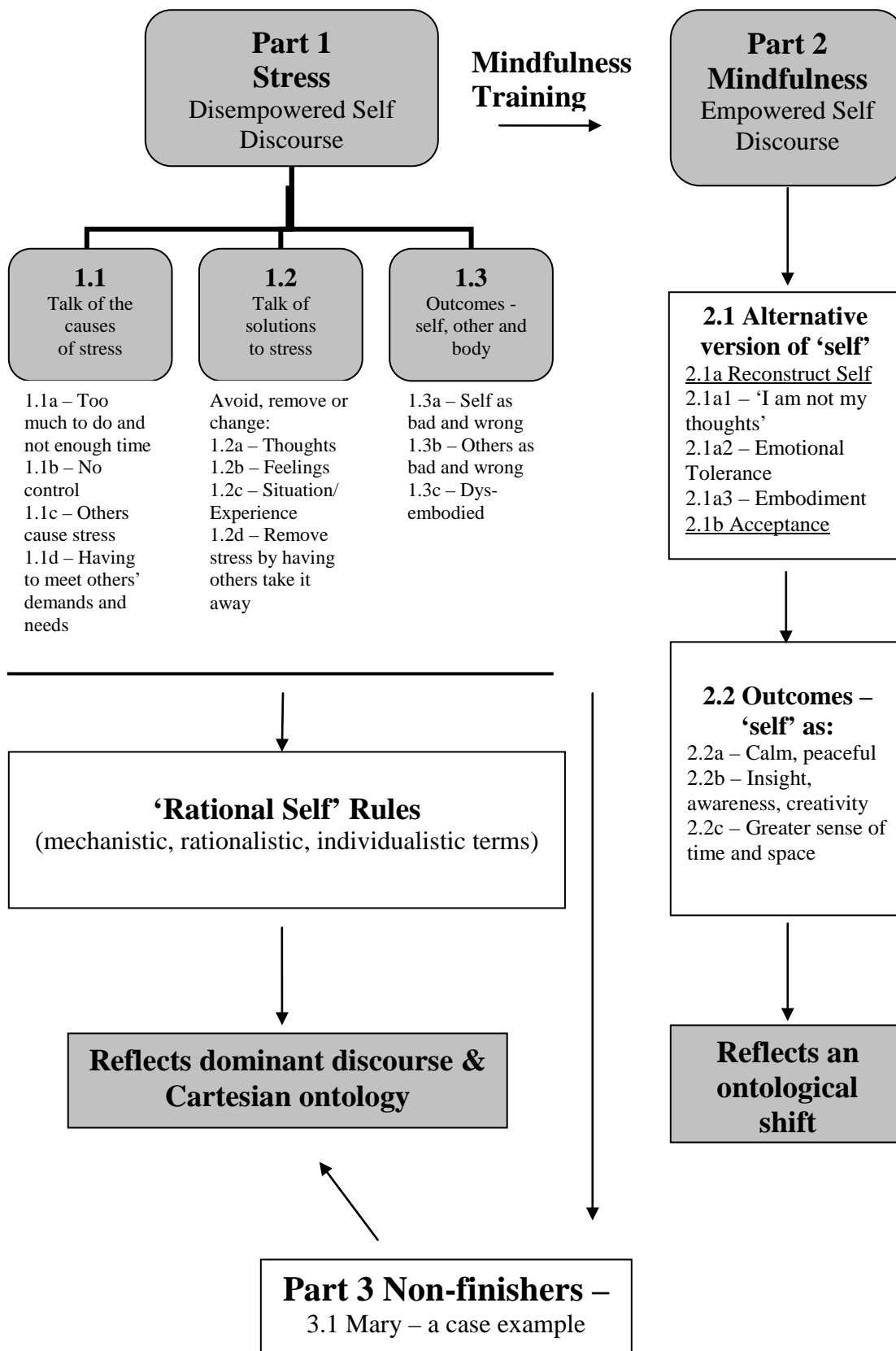
This audit trail is provided to elucidate some of the major changes in trajectory of the research. The findings are presented in the next chapter.

## Chapter 5 Findings

This thesis explores the discourses of participants on a mindfulness training programme in order to better understand their experiences of stress. What the changes in these discourses suggest is theoretically useful to the study of mindfulness for this particular programme. The research explores the ontological underpinnings of the mindfulness and the stress discourses. In this thesis a Social Constructionist epistemology is used to focus on discourse as the ‘vehicle’ through which meaning is articulated and on how it functions in social relationships (Gergen, 1999). The themes identified in participants’ discourse are compared with those of the stress and mindfulness literatures. Here ‘multiple voices’ are compared to develop a theory about mindfulness training (Schwandt, 2007).

In the results below, participants’ discourse is categorized into discursive themes using Grounded Theory methods. The themes are presented as major themes and sub-themes, firstly, of discourse on stress (Part 1) and then on mindfulness (Part 2). The results and discussion of each theme are presented along with relevant extracts from participants’ discourse. The extracts exemplify the breadth and depth of each theme. Before each extract is a short introduction to the theme followed by a description of how it contributes to the developing theory. The extracts are numbered and the participants’ name and the interview, week of the diary or email is provided. Following each extract I elaborate on the theme it represents and where necessary make reference to relevant literature in Chapter 2. The themes are further developed into a core social process that provides the foundation for the theory developed. Figure 2 illustrates the themes and core social process identified in participants’ discourse.

**Figure 2. Mindfulness, Stress and Self: An Ontological Shift**



**Core Social Process:** Participant's discourse of 'self' as disempowered changes with mindfulness training. This reflects a paradigm shift away from the dominant discourse and an ontological shift.

## **Part 1 Stress**

The most common theme in the diaries, emails and interviews is discourse on experiences of feeling ‘overwhelmed and powerless’ (Part 1). This discourse suggests that participants appear to see themselves as disempowered or as ‘victims’. In this discourse of overwhelm and powerlessness, of the causes and solutions to stress, of seeing themselves and others as ‘bad and wrong’ there is, I believe, little sense of agency and/or resiliency. This ‘rational self’ discourse reflects the ontological underpinnings of a mainstream perspective on stress.

The discursive themes are categorized into talk of the causes of stress (1.1), talk of solutions to stress (1.2), and talk of self, other and body in relation to stress (1.3). The theme of the causes of stress is separated into sub-themes: having too much to do and not enough time to do it (1.1a), having no control (1.1b), others causing stress (1.1c) and having to meet others’ demands and needs (1.1d). Participants also talk of the solutions to stress (1.2); they talk of avoiding or removing: thoughts (1.2a), feelings (1.2b), and/or the experience itself (1.2c). Finally, participants talk of avoiding or removing stress by having others take it away (1.2d).

The ‘self, other and body’ sub-theme shows participants’ talk of themselves (their ‘self’) (1.3a) and others (1.3b) as, what I have termed, ‘bad and wrong’; and talk about body symptoms in a dys-embodied fashion (1.3c) (see Allen, 2002). This discourse, I suggest, reflects ideas found in the literature of the ‘body’ as an object and foreign to oneself. These themes reflect the dominant discourses and social construction of self as disempowered and powerless and can be compared to similar discourses in the mindfulness literature.

### ***1.1 Causes of Stress***

In this category, stress is talked of as feelings of overwhelm and powerlessness. Participants’ discourse focuses on feelings to the exclusion of other aspects of their experiences. They talk of experiencing themselves (their ‘self’) as disempowered to do anything about their stress. This discourse of being a “victim of stress” is reflected in the four sub-themes that follow; of the many themes in the data, these relate specifically to the research questions.

#### **1.1a Too much to do and not enough time**

The most common sub-theme relating to the ‘causes of stress’ is of having too much to do and not enough time to do it. This is a common binary and when more time is found it is interesting to note that often participants talk of filling it with more tasks. This discourse is

about feeling rushed, busy, pressured to keep moving and fulfill tasks and obligations within a limited amount of time and, at the same time, feeling overwhelmed and powerless to change anything. The talk reflects a ‘rational self’ construction. It appears to be a rational conclusion that if one has a number of tasks, they are not completed, and stress results, then more time and space would solve the problem. It reflects, I believe, a focus on the individual as participants talk primarily about themselves when they are stressed. If they talk of their context or others specifically it is generally in relation to how it affects their own stress.

The extracts below are representative of the majority of the participants; their talk reflects a view of self as disempowered, suggesting they are powerless to do anything other than rush to keep up. The extract is numbered with the participant’s name it refers to and the week of training it relates to.

Extract 1, Lara<sup>13</sup>, w2

A day which was stressful. I got up a little late – and only just allow enough time. The tyres in the car needed air – buggie – more time. Left for Auckland under pressure of time and fog. Not passing on road (unclear). Cold in car or stuffy. Busy day – too much and not enough time in between or (unclear). Wound up eating a pie...on the way back and speeding. Then book club – I love book club and they are used to me arriving in a hiss and roar then settling down. Left home 7.45 a.m., arrived back 11p.m. – no meditation sleep  
ZZZZZ.

Extract 2, Grace, w1

I’ve come to dislike Thursdays intensely and realized today that just doing a mental “diary scan” on my way to work “winds me up” before I even get to my desk. A day of endless meetings and consultations, no time for reports or paperwork, then Friday hits and somehow the spillover from Wednesday has to be accommodated too...I hate Thursdays.

In the first extract Lara conceptualizes stress as not enough time and of being “under pressure”. Lara talks of being compelled to rush and that this is not of her choosing. Her description of how her book club members experience her, I suggest is supplied to reinforce her description of being rushed and busy. It may be that with this discourse the power to change the situation is given away to ‘others’ or the situation. In this talk we see constructions of ‘self as victim’, one who has no control over external pressures. This is a common idea through which participants appear to normalize stress and view it as something they are powerless to change.

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<sup>13</sup> The names are pseudonyms.

The second extract shows Grace's discourse which is powerful and emotive (e.g., she "hates Thursdays"). This discourse typifies many participants' experiences of too much to do and not enough time. Even imagining her diary serves to 'cause' stress; there are too many tasks to fit into the allotted time, meetings are "endless", "Friday hits" and work "spills over" and has to be "accommodated". This talk also links to other sub-categories; Grace appears to feel she has no control over her situation (1.1.b). It seems that other people, meetings, and reports, all cause her stress (1.1.c) and she feels she has to meet others' demands (1.1.d). The extract below reflects that of the majority of participants.

Extract 3, Clare, w1.

When I use stress it is in relation to overload – too much to do – something doesn't feel possible or feels out of my control – externally directed.

The discourses presented reflect, I believe, participants understanding of stress as the outcome of their relationship with their environment. The Lazarus and Folkman (1984) model presented in Chapter 2 suggests two forms of coping: problem focused and emotion focused. Participants' discourse, it appears, centres on these two aspects of their experience. Their experience is constructed using these terms which is useful in communicating that experience, but may be less so should the stress increase or continue over a long period.

Below are extracts from data that illustrate a discourse of having 'no control'. In my work with counselling clients and in public mindfulness courses I often hear people talk of stress in this way. In the data, stress is generally not talked of as good (discussed further below) and the discourse appears to show that participants imagine they should or could 'be in control'.

### **1.1b No control**

The talk in this category reflects dominant discourses of self where being 'in control' is valued. Participants who experience stress as being 'out of control' appear to view this as an obvious indicator of stress. In the first extract below, Anne talks of her stress in this way. Some referred to this inversely, that is, when they feel in control they are not stressed.

Extract 4, Anne, w1.

Started the day with a headache. Discovered the jug wouldn't boil must've blown fuse or something. Found another plug that wouldn't work, dragged out another jug from cupboard that wouldn't work. Needed coffee BADLY, seemed unobtainable, felt really stressed, like I was about to blow a fuse, yelled at the kids, felt really hot and angry. Boiled water on stove, had coffee felt better after kids had gone to school... Got to think



about (daughter's) birthday party today and constantly worried about my exam in 3 weeks and the revision time slipping away. Still haven't received assessment back, a lot depends on the grade I get for that one. Feel very anxious and tense because of the farm deal today, can't even think about the pregnancy.

The above extract shows a common discourse amongst participants when they describe being stressed. There is a great deal happening for Anne and in her talk there is a version of self who is unable to control much of what is happening, is powerless, and is a victim to circumstance. In this talk stress occurs because something is unobtainable and caused by others. Anne's emotive language conveys her feelings of overwhelm. When she talks of worry about the future, about not having enough space or time to study for her exam (1.1a), and that she cannot get her coffee, she sees the resulting stress as caused by others' actions (1.1c) (e.g., the grade creates or relieves stress). In this talk, relief from stress is obtainable only when others behave in a particular manner or where they are absent. Anne's talk suggests stress is caused by too many external pressures or demands (1.1d). The following extracts show similar talk of stress (or talk of the reasons for the lack of stress).

Extract 5, Lara, w1.

Stress – not much, only business and even that was always in control.

Extract 6, Charlotte, w2, 3.

No real stress – everything was manageable...Had some very nice moments – everything went according to plan.

Extract 7, Vicki, w1.

I reacted usually – a bit stressed when things didn't go according to plan.

Extract 8, Grace, w2.

Lovely time – on flower duty – love working with flowers – they stay where they're put!

In extract 5, Lara's talk connects notions of having control with not being stressed. Similarly, Charlotte writes that everything is "manageable" and goes "according to plan" and therefore is stress-free. Vicki's talk says that she experiences stress when life does not go "according to plan". Grace's talk relates stress to feeling out of control and powerless. Flowers do what she wants them to do and she has power over them. This discourse shows, I believe, that she experiences stress as a lack of control and powerlessness, which reflects a conceptualisation of self as a 'victim' of others (1.1c). It may or may not be useful to value control in times of stress. If gaining control in a difficult situation is useful then this way of constructing one's

self and the world is appropriate. The literature presented at the beginning of Chapter 2 characterizes successful coping in terms of time management, planning, and coping imagery (Palmer & Dryden, 1995). It may be that valuing control becomes unhelpful, however, when stress is excessive and participants do not have other methods for dealing with difficult events. De Bono (1995) suggests people under extreme stress have no other model of engaging with experience other than that handed down by the ‘gang of three’ (Socrates, Plato and Aristotle). This model I have referred to as the ‘rational self’. In the following two extracts discourse shows an emphasis on the importance of feeling in control.

Extract, 9, Charlotte, w1.

Events conspired to help me as one appointment fell through. Immediately I felt more relaxed and in control. I felt like I had a lot of time to fill in – got to my next appointment early, well prepared and in a much more positive frame of mind. I was able to spend a lot more time with the people involved and came away feeling that I had done a great job.

Extract, 10, Alex, w1.

Looking back getting organized to get here on time was stressful due to going with someone else – not keen on things being outside my control...Heard things rather than drifting off to my own space inside my head trying to control things I can't control.

In extract 9 Charlotte talks of feeling relaxed and in control but only because her appointment “fell through”. This talk suggests a conceptualisation of herself as powerless and disempowered – she cannot do anything herself to change her stressful work situations, “events [had to] conspire” for it to change. In extract 10 Alex talks of how she “heard things” and alludes to a change in her experience of stress. She is more present to what is happening around her. In Part 2 Alex’s discourse on stress following mindfulness training suggests this approach is useful. The findings thus far show how having too much to do, not having enough time and not feeling in control, are commonly talked of by participants as being the fault of external agents (situations or people). In the following sub-theme ‘others cause stress’.

### **1.1c Others cause stress**

In participants’ discourse stress is often depicted as being caused by someone or something external to themselves. A number of authors presented in Chapter 2 point to a common disempowered discourse. This discourse is rationalistic as stress appears to be viewed as the result of situational (environmental) or dispositional (individual) features ‘out there’ in the world. Logically, if stress is viewed in this way, someone or something ‘outside of oneself’ causes stress. The discourse reflects a passive or disempowered view of self where the

participants feel powerless in regards the event or person. It is individualistic because individual 'selves' are the focus of attention. As we will see later, when outside factors are considered, the emphasis remains on how the participant thinks or feels (e.g., see extract 61 where Grace considers leaving her job or joining the cynics even though she is acutely aware of the limited work resources that also account for her stress). In the extracts below, Vicki, Lara and Robyn talk of feeling overwhelmed and powerless due to the actions and attitudes of others in their environment.

Extract 11, Vicki, w1.

Collecting my daughter from work was a bit stressful as she was in a bad mood... it annoyed me.

Extract 12, Lara, w1.

I had a night class on (course) and was most frustrated by the tutor who talked at us for 2 hours. I could see he dismissed me as soon as he saw me – female and in a pale pink jersey. I interrupted his flow when he was midstream and he was disconcerted. I didn't feel as if I was of value – this made me a bit sleepy and lacking concentration.

Extract 13, Robyn, w1.

I am not getting on with my mother at present and I'm feeling guilty that I'm not able to give her the time she wants from me. I've just come home from visiting her and I feel irritable at her that she isn't appreciating that I'm doing the best that I can. I always seem to react this way with her when I feel the need to please her and I can't... I'm probably needing another good cry, but I'm feeling the need to stay "in control" as I'm going out soon.

The women all relate stress to feelings (i.e., frustration, guilt and irritability) caused by the presence of others. For Vicki, it's her daughter who causes her stress and for Lara its her tutor. Robyn's mother is the cause of her stress. Both collecting her daughter and her daughter's mood appear to cause Vicki's stress. Lara's talk suggests that her tutor could remedy her stress by not dismissing her and helping her feel of value. Robyn's talk suggests that if her mother appreciates her and knows she is doing her best then Robyn would not be stressed. In cognitive psychology terms, this is externalization, where the locus of control is believed to reside outside of oneself. Both versions can be viewed as 'true' depending upon the worldview from which they emerge. When she talks of needing to stay 'in control' I suggest Robyn's discourse reflects Wainwright and Calnan's (2002) assertion that people want to see themselves as a 'coper' rather than a 'non-coper'. I suggest here that it is important to Robyn to see herself as a 'coper'. These participants conceptualize stress as caused by others and therefore they are powerless to effect change. The talk suggests that

feelings are problematic and this links to (1.2) where participants talk of avoiding or changing difficult thoughts and feelings as a solution to stress.

Chapter 2 presented literature where emotions and emotionality are considered problematic. In the socially constructed nature of self in the dominant discourses there may be no place for difficult and distressing emotions. Reason rather than emotion is valued and difficult feelings, the discourse suggests, should be changed, rejected or adapted. In the above extracts participants' discourse suggests to me that they view themselves as stressed because of their emotional reactions (links to 1.2b). The social construction of a 'good self' as non-emotional, or at least as one who has emotions *under control*, means that this internalized value becomes another pressure that Robyn must manage in this difficult interpersonal encounter. The discourse suggests that if others are the cause of stress then one solution is to have others take it away (1.2d). Clare's description (below) of her colleagues' responses when another person leaves a stressful work situation is an example of this perspective.

Extract 14, Clare, w2.

Interesting seeing/feeling/hearing the absence of stress in the staff left. They are laughing and joking a lot – much of it not funny really but they are so relieved they are laughing at anything. When I commented on the difference one of them said she almost felt drunk – the release of the tension they have been carrying has been almost euphoric.

In this final extract Clare talks of the “absence of stress” and how it is experienced as “almost euphoric”. Her talk suggests to me that her colleagues conceptualize their stress as caused by another employee which leaves them powerless to change their stress. When the person left, the stress was removed and they felt euphoric with relief. This sub-theme links to talk of having no control (1.1b), others as bad (1.3b) and to the experience of negative body states as stressful (1.3c); as well as linking to the notion that if others cause stress (1.1c) they can take it away (1.2d). These links especially show the multidimensionality of participants' experiences of stress.

Participants' discourse appears to reflect social constructions of stress where self is viewed as individualistic and disempowered. In this discourse a rationalistic approach to stress is if something causes stress then it is to be adapted to and/or changed. In the following sub-theme participants' discourse appears to suggest others' demands and needs have to be met.

### 1.1d Having to meet others' demands and needs

In the discourse in this section we see conceptualisations of self as someone who should meet others' demands and needs. The discourse often appears as expressions of powerlessness to do anything other than meet others' needs when required or requested to do so. It may be that this discourse occurs often because the participants are mostly health care professionals and mostly women. Both groups are encouraged in the dominant discourses to view themselves in this way because coping with stress and being resilient is viewed as important (see Kinman & Jones, 2001).

Extract 15, Lara w2, 4.

The first meeting has children...which I was looking after and I felt overwhelmed by the needs of the children and my perception of what I should be offering the 2 sets of adults. It was busy and I got hot with anxiety and rushing...This week has probably been one of the busiest and hardest I have experienced. I have been on overload with the amount required of me each day. Compounded by taking on too much in evenings and all the needs of family. I suspect the knowledge of what was ahead has been in there also. Meditation became another demand.

Extract 16, Grace, w2.

Stress in pressure to attend to all demands waiting on return to office – deep breath and kept it at bay!...Stress of (unclear) day pressure to catch up on paper work – same as usual – kept office door shut and evaded – folk didn't know I was there! Good outcome – lovely feeling – definitely have to find a way to change this! Breathed at end of day – no sharp stress just constant pressure.

In the first extract above, Lara talks of feeling overwhelmed by others' needs. This discourse links to others as the cause of stress (1.1c). Lara's talk connects "overload" to the idea that she *has* to meet others' needs ("what I should be offering") as there are too many needs to meet; meditation is talked of as "another demand". Grace talks, in extract 16, of a "pressure to attend to all demands". She refers to this as "constant pressure" rather than "sharp stress" and is a common distinction made in participants' discourse. This discourse could be seen as an attempt to normalize stress by placing it on a continuum they can cope with compared to stress that is too overwhelming.

There is little agreement in the literature about how to judge what is 'enough' stress and what stress is considered good for people. Generally, there is agreement that stress is individual and subjective and the majority of theorists recommend people 'balance' work and home. Lara and Grace both talk of stress as a 'balancing act'. Lara's discourse reflects Jones and Bright's (2001) assertions that stress is often conceived of as a failure by the individual to get a work-home balance. Grace talks of "shutting the door" and "evading" as solutions to stress

and getting this balance. In category 1.2 below participants' discourse suggests they see avoidance as a solution to stress. In Grace's talk (extract 16) avoidance of others appears to mean that she avoids feeling stressed. In extract 17, below, Jill talks of meeting the demands, or needs, of her children.

Extract 17, Jill, w1.

Morning routine most difficult time of day – as is dinner routine. Again having to do things quickly and divide attention between kids and getting ready...very disturbed sleep last night makes for greatly increased potential for stress, tolerance ↓ frustration. Short tempered, hurry kids, snap at them, sometimes shout. I'm sure my affect is pretty angry etc. Kids beat each other up → I get angry → they get angrier and so on. Not great modeling. Always leave them on a positive thought.

In this extract Jill's talk is of stress at "doing things quickly and dividing attention" to meet the demands of her children. Similarly, a major discursive theme is a lack of time (1.1a) which results in overwhelm that is caused by others (1.1c). Jill talks of seeing herself as powerless in these situations because stress is caused by having to meet her children's needs, demands or expectations. She talks of "not great modeling" which reflects Western social constructs of parenting where successful parents do not get stressed and are always good role models for their children. Jill later talks of not completing the mindfulness training because of these demands and because the course did not meet her expectations/demands. The converse of having to meet others' demands and needs is that others must meet our needs for us not to be stressed. This discourse may mean that people see themselves as powerless to do anything about stress (i.e., they are victims and passive).

Grace, and then Vicki, talk (below) of feeling powerless to change what they find stressful, that someone else causes their stress and that they have to meet others' demands and/or needs.

Extract 18, Grace, w1.

Stressor today was feeling of resentment at huge amount of preparation time required for tomorrow's (*activity*). Again in a place not of my choosing but by another's manipulation and too many others not aware of the situation to let down if I refuse – catch 22 so objective to do the best with what we've got!

Extract 19, Vicki, w1.

Annoyed with friend for not being more assertive with his visitors – left me to entertain them/prepare afternoon tea whilst he "hid" in his computer room.

Grace (extract 18) talks of “another’s manipulation” and we find a disempowered view of self (i.e., powerless to do anything about her situation and therefore her stress). She also talks of not letting others down and in common with other participants she attributes her stress to pressure from others (in this case ‘others’ exist in her mind rather than directly; she imagines she cannot let them down). As presented above in 1.1c, others cause stress, and later in 1.3b, remove or avoid feelings, it often appears in participants’ discourse that feelings are problematic, they cause stress, and participants talk of removing or avoiding them. They talk of the expectations of others causing their bad feelings. Vicki (extract 19) talks of her friend’s lack of assertion as the cause of her stress (1.1c) as she is left to meet his visitors’ needs (1.1d). I suggest that in this discourse a disempowered self construct is evident. Vicki is *forced* by another to do what she does not want to do, and so she is stressed.

In the extract below, Lara talks of life as “amazing”, but in this case ‘amazing’ appears to mean that ‘life’ can cause stress without warning. Life is now the ‘other’ and it is unpredictable and leads to feeling out of control. Life, it appears, is seen in this way because others ‘cause’ stress.

Extract 20, Lara, w2.

Isn't life amazing? What looked at the start to be a really quiet day turned into a tough day. By lunchtime I felt depleted, I had seen one of my hardest clients – childhood from hell, vulnerable now pregnant and remembering incidents from childhood.....then a couple who had a domestic and that was the morning. Stuffed and drained. Along came another truly needy person, by phone – abuse in childhood and now rejection because not able to produce grandchildren. Then the only couple I knew was coming and yes they were in crisis as the phone call said. Today was hard. Great to relax over a drink.

Lara’s clients are “truly needy” and she views herself as having to meet their needs. Her clients are obviously distressed; however, seeing them as “needy” may influence Lara’s options for how she copes and how she sees them as stressful. Only in their absence, in removing the cause of stress, (1.2c), can she relax with a drink. Lara’s discourse suggests to me that she may see them as ‘victims’ to remedy their own stress, and therefore responds by having to meet their demands/needs (1.1d). This solution to stress is reflective of the literature on stress (Chapter 2) where prevention and intervention strategies recommend the introduction or removal of ‘something’ as a solution to stress (especially in primary stress prevention). In extract 20, Lara’s discourse reflects the stress literature regarding situational factors and problem-solving coping (meet everyone’s needs, deal with the clients), and dispositional factors and emotion-focused coping (introduce alcohol) (see Lazarus & Folkman, 1984).

## **Summary**

There are four significant ways in which participants' discourse suggests how they view the causes of stress (1.1a-1.1d). Most participants talk of stress as the result of having too many tasks ('too much to do') and too little time. They also talk of the solution to their stress as simply getting more time. This may explain why generally the discourse associates 'no work' with 'no stress' (see 1.2c avoid or remove the situation/experience). This 'cause and effect' solution, or what I have termed a 'rational self' view, is a logical assertion, given that if there is 'too much' then 'remove something'.

In the dominant discourse of the stress literature stress is predominantly viewed as due to individual subjective appraisals and (logically and reasonably) problem- and emotion-focused coping strategies are recommended. It suggests individuals require rational solutions. As stress is currently viewed in these terms it is logical to avoid or remove its cause/s. However, as presented in Chapter 2, a number of authors criticize this approach and suggest that after decades of stress research little has been achieved to remedy stress (Jones & Bright, 2001; Wainwright & Calnan, 2002).

Participants discourse suggests that 'having no control' is the reason for their stress. Stress is caused by other people or results from having to meet others' demands and needs. Whatever the perceived cause, the solution most talked of is to remove or avoid the experience that causes stress or the thoughts and feelings about the experience. Participants talk of relieving stress, in 'rational self' terms, by removing or avoiding thoughts, feelings, the situations or experiences.

### ***1.2 Solutions to Stress***

The solution to stress which this discourse points to are the removal or avoidance of thoughts (1.2a) and/or feelings (1.2b) and the removal or avoidance of situations or experiences (1.2c). Participants talk of solving stress by avoiding or removing it by 'having others take it away' (1.2d).

#### **1.2a Avoid or remove thoughts**

The extracts in this sub-theme show discourse where the solution to stress is to avoid or remove thoughts. As thoughts or 'appraisals' are considered to be the problematic aspects of stress it is reasonable that their removal is a solution (e.g., Selye, 1974; Holmes & Rahe,



1967; Lazarus & Folkman, 1984; Carver & Sheier, 1990). Similarly, as emotions are viewed as problematic it is conceivable that their removal will reduce stress. And as others are the cause of stress, removing them or the situation, or having others take stress away, are reasonable responses.

In extract 21 (below) Alex talks of “unbidden thoughts or voices” and Anne talks of thoughts that are like a “torture chamber”. In this discourse both women see removing their thoughts as a solution to stress. This talk reflects the dominant discourses in the stress literature where for over the last 50 years the focus has been on ‘appraisals’. Similarly, to the stress literature this aspect of self is viewed as ‘bad and wrong’ (1.3a). In a traditional stress approach advice might be that it should be adapted and changed, avoided or removed.

Extract 21, Alex, w1, 3.

Only real concern is the return of unbidden thoughts or voices...knowing it will all fit in but having a constant internal dialogue...have been listening to other tapes while meditating this doesn't seem to make any difference the voices are still very strong.

Extract 22, Anne, w4.

Still feel hugely depressed, feel so run down and sick, the exam yesterday keeps going over in my mind. Like a torture chamber.

Alex talks of her thoughts or ‘voices’ as problematic and wants to be rid of them. She talks of meditation (not mindfulness meditation) as a means of removing the thoughts or voices. This view reflects a social construction of stress where difficult experiences *should* be controlled, changed or adapted to. Many, like Alex, talk of negative thoughts as the cause of their stress (1.1c). In this way they appear to make an internal experience (their thoughts) into an ‘other’, something that happens to them and which is therefore able to be removed, changed or adapted to. In this way Alex’s discourse fits the category of avoiding or removing thoughts to solve stress and the earlier categories of others cause stress (1.1c) and having to meet others demands and needs (1.1d). This aspect of externalizing thoughts and feelings highlights the similarities between a cognitive and clinical psychological perspective and that of the mainstream approach to mindfulness.

Alex talks of attempting to stop her thoughts and talks of them as external to herself. However, this discourse suggests to me that she then becomes a victim to them as she actually cannot remove, avoid or change these difficult thoughts. As presented in Chapter 2, the dominant discourse attributes stress to negative thoughts or appraisals. Consequently,

problem-focused and emotion-focused coping is recommended for stress relief. These strategies, or ‘rational self’ rules, reflect the socially constructed nature of this discourse where an ‘ideal self’ is mechanistic, rationalistic and individualistic. In this way, what is problematic can reasonably be adapted to, removed, or changed. The individual remains the site of, and responsible for, change or stress reduction. The self as a social construct is viewed as a collection of processes or mechanisms, suggesting here a ‘machine metaphor’ (see Kugelmann, 1992). Alex’s talk suggests this approach is not always possible.

Similarly, extract 22 (above) shows Anne’s talk of how her exam “keeps going over in my mind...like a torture chamber”. The view of powerlessness suggested by this discourse suggests to me that Anne feels she is in the control of external forces. Her mind and her thoughts are problematic to her; they are stressful and beyond her control. Her inability to change or avoid these adds to her feelings of overwhelm and powerlessness, and victimhood. In the following extracts participants talk of their thoughts.

Extract 23, Clare, w2.

Noticed that I have been better able in last year or so to view all events as valid and manageable parts of life. Think before that have viewed life as what happens when things are ticking along smoothly and everything else as ‘interruptions to life’. The reframing of things from interruptions to equally valid life events is significant. Interruptions are frustrating, life events are interesting and allow for greater pleasure and greater growth in everyday life... Find it most useful now to just block these thoughts of self judgment – not try and rationalize or do deals with myself but to just not go there. This theory is proving increasingly successful for me on this issue.

Extract 24, Vicki, w1.

However, I focused on “the positive” and enjoyed the sun streaming in on my back whilst at the computer... I tend to look out at nature and if their comments annoy me I try to let them wash over me...If I thought of work (job) my mood plunged a little, so kept busy with odd jobs...I find my thoughts can sometimes lead to a negative spiral but today, rather than get too annoyed sewing her top, put on some music for distraction.

Extract 25, Patricia, w3.

Couldn’t help but notice how much my mum bitched and moaned about things. It was unpleasant for me as I attempt consciously to be positive, appreciate and look on the bright side of things. Having to listen to her converse with people was stressful and even embarrassing. I didn’t say anything just left earlier and realized I have choices about myself and my conduct and tried to enter pleasant topics into the conversation to talk about.

In extract 23 Clare talks about noticing how she has come to *accept* all events as ‘life events’ and she talks of the need to avoid or block negative thoughts to avoid feeling stressed. This talk of blocking unwanted thoughts suggests a view of them as separate or alien to her self, as

with Alex (extract 21) - these are not “valid life events” (as they were in extracts 21 and 22). Vicki (extract 24) talks of avoiding thoughts by letting them “wash over her” and by distracting herself with odd jobs. Hayes et al. (1999) describe this as “experiential avoidance” where the person’s actual experience is altered through various linguistic strategies.

Recent literature suggests that emotion-avoidant strategies may be unsuccessful in treating distress in the long term (Ecker & Hulley, 2007). This is because experiential avoidance prevents a full understanding of experience as emotions provide valuable information for making meaning (Ecker & Hulley, 2007; Hayes et al., 1999). Patricia (extract 25) talks of her mother causing her stress and she talks of either avoiding her (“left earlier”) or avoiding her mother’s negative talk by changing the subject to “pleasant topics” (1.2c). In a similar fashion to many participants, she talks of avoiding her own thoughts and feelings (1.2a, b) and of others (her mother) as the cause of her stress (1.1c).

In participants’ discourses there appear various means for changing or avoiding thoughts. For some this is a useful strategy. However, others talk of experiencing more stress because they cannot stop “unbidden thoughts or voices” (extract 21). Some participants talk of using mindfulness as a tool to help them remove or avoid thoughts and feelings. Alex talks of meditation and mindfulness as change mechanisms to remove unwanted stressful thoughts (extract 21). This is discussed further in Part 2.

### **1.2b Avoid or remove feelings**

The extracts in this sub-theme of stress talk as ‘overwhelmed and powerless’ show that stress can be relieved through the avoidance or removal of feelings. Similar to the talk of avoiding or removing thoughts (above), negative feelings (or the lack of positive feelings) are made problematic and are viewed as the cause of stress. Non-emotionality is also valued over emotionality in the stress literature. There are numerous calls in the stress literature to re-focus stress research on emotion. The dominant discourses in the academic and lay literatures reinforce the ‘rational self’ construct when negative emotions are viewed as a weakness in the individual (see Harkness, et al., 2005). In the first extract Clare talks about her emotions and links this with stress. The ‘emotion’ of anticipation is linked to the ‘thought’ of her expectations and these must be changed – made “more realistic” for Clare to reduce her stress. Thoughts and feelings were often linked in participants’ discourse in this fashion.

Extract 26, Clare, w2.

A bit of stress today. Visited my mother which always raises a host of emotions and is stressful as I attempt to find a comfortable fit and resting place for the gaps between how I would like our relationship to be and how it actually is...The stress level corresponded with the level of expectation and anticipation and decreased when my expectations and anticipation became more realistic.

Many participants talk of reframing, blocking, rationalizing, thinking only positive thoughts and implementing various thought and mood changing strategies. As suggested earlier, these same ‘rational self’ rules are reflected in the mainstream literature on stress and the dominant discourses. As the stress research area has been criticized for providing an abundance of literature but failing to help curb ‘high levels of stress’ in the population, these ‘rational self’ ideals are, I suggest, an important consideration.

In the following extracts Anne, over time, makes strong links between thoughts (of how she looks) and feelings (of depression). Her talk also links these with the physical appearance of her body. As described later, Anne’s talk suggests that her perception of her body is ‘at a distance’ to herself. This ‘dys-embodied’ body is talked of as something that causes stress (1.1c). The body can have things done to it to avoid, remove or change what is distressing or problematic. This is a reductionist and dualistic approach to her own body. Anne’s later talk suggests these methods do not leave her less stressed.

Extract 27, Anne, w1, 4, 6.

Feeling depressed, hair is a mess, skin is shocking, feel overweight and like I’m falling to pieces. Look in the mirror and hate what I see, going to get worse over the next few months. Think I might get haircut this week, try and tidy myself up a bit so I can feel better about myself...Feeling extremely lonely and isolated, but have no energy to make things better...Because of being so unwell during the early stages of pregnancy and the depression that followed I found being mindful may have made me feel worse. I really needed to escape my negative thoughts and feelings but found myself dwelling on them. I was too far into a depression to change the negative to positive.

Anne’s talk of her solution to stress is to “escape” negative thoughts and feelings and “to change the negative to positive”. In extract 4 she talks of her many responsibilities and obligations (i.e., young children, accommodating students, difficulties with her partner and parents, a very important work deal and finding herself pregnant). Under these conditions one could say that these emotional reactions, and her resulting stress, are a reasonable response. Yet Anne talks of escaping or removing her feelings (e.g., ‘I look bad, I’ll get a haircut’). It appears that removing or avoiding her feelings is the only aspect of this stressful situation she feels able to change. I have termed this a ‘rational self’ rule because she talks of

using reason and rationality to remedy stress, and because her talk suggests to me that she is alone, an individual with free choice, with the removal of stress her own responsibility. It is this experience of powerlessness and lack of choice that is of primary interest in this thesis. The reasons for this are multifarious and complex and the theory generated from this data provides one of many possible approaches. It has been a useful theory in my own work and future research is needed to explore it more fully.

In Chapter 2, I presented literature by Hayes et al. (1999) who discuss how the avoidance of feelings fails to relieve distress because that which is to be removed (i.e., thoughts, feelings, memories) are an integral part of experience and the nervous system, and therefore cannot be 'removed'. Because thoughts, feelings and memories are an integral part of experience they cannot 'not' have happened. The work of Hayes et al. (1999) expands on current knowledge in the area of mindfulness. I suggest, however, that this work does not account fully for the socially constructed nature of self in the dominant discourses. The biological explanation for stress is itself considered problematic by a number of theorists (e.g., Furedi, 2004; Kugelmann, 1992).

In her week 6 diary Anne talks of how mindfulness training made her stress worse because she is noticing her thoughts and feelings more keenly (this links to 1.1c others cause stress). Many participants talk of more discomfort (and stress) initially when they were asked to 'be with all of their experience in the here and now'. And many talk of then implementing 'rational self' rules to avoid or reject these aspects of their experience.

Extract 28, Robyn, w1.

I am going to do my meditation now to see if that changes my mood which is quite low at the moment...my stress levels haven't changed from yesterday and I realize that I haven't done my body scan for a few days, so I will give that a go to see if that helps.

I suggest here that Robyn talks of 'using' meditation to change her mood so that her stress can diminish. This talk appears to suggest that this is the only way that Robyn can envisage to relieve stress. To summarize Chapter 2, stress and its relief are conceptualized generally, as an individual's responsibility, to be the product of an archaic nervous system, and remedied by problem-focused and/or emotion-focused coping, and is the result of negative appraisals of events. Participants' discourse may indicate that as they too see stress in these terms, their failure to remedy it means that they are victims to it. In Wainwright and Calnan's (2002) terms they are 'copers' or 'non-copers' (see below), neither of which challenge or

disrupt the traditional, socially constructed nature of people as passive and actually fails to help in the face of stress.

To reject the role of victim and decline therapeutic intervention does not in itself amount to a questioning of the fundamental assumptions of work stress, because it may still amount to having one's subjectivity structured within the terms of the discourse, but this time as a survivor/coper, i.e. as someone magically endowed with the personal qualities that the work stress victim apparently lacks (p.197).

In the following extract Anne talks about her attempts to change her stress and worry over her exam.

Extract 29, Anne, w4.

When I got home couldn't stop going over the exam in my mind. Did some housework, but still could not stop worrying about the exam, what I should have done and read but didn't. I know it is too late now. There is nothing I can do now apart from forget it and move on.

Anne talks about doing housework as a solution, and then tries to “forget it and move on”. She talks of firstly attempting to take action (control) by doing housework and then tries to avoid her thoughts and feelings by trying to forget. However, one does not get the sense from this discourse that her worrying is over, she is not a ‘coper’ and therefore she blames herself, she talks of herself as a ‘victim’ to events. In the extract below Joan’s solution to stress is to avoid feelings by changing her environment, in this case the mindfulness group.

Extract 30, Joan, w3.

‘Participating’ in the group discussion was stressful this evening. I have noticed there are a few participants who have never spoken into the group and have been thinking how might space be opened for more sharing. I myself have found it harder to speak into the group!! I have been asking myself what could support more openness, sharing and connectedness within the group.

Joan’s talk suggests that she sees her negative emotions about speaking “into the group” as caused by the group and its processes. Something needs to change in the group, ‘out there’ (“space opened” and “sharing and connectedness” created) to lessen the feelings causing her stress. Others cause her stress (1.1c) and only the actions of others can take stress away (1.2d). I suggest that this discourse shows Joan in a disempowered position; she continues to feel overwhelmed and powerless, until the other is effectively changed. It was common in participants’ discourse that stress is ‘caused’ by others and they talk of attempting to find solutions that involve others ‘fixing’ the problem (1.2d). Jackie and Lara below talk about removing or avoiding feelings.

Extract 31, Jackie, w2.

Several times I moved away, went outside and walked round to calm down to avoid returning to the aggression, I felt hurt and angry. When we returned to the other house for lunch I went for a walk for 20 minutes. This helped me to centre, let go of the feelings, enjoy a light lunch.

Extract 32, Lara, w2.

The times of sunshine were lovely today and yes I prefer to ignore the grey, cloudy chilly parts of the day!

The first extract above shows Jackie's talk of how she attempts to cope with her partner's behaviour and her own feelings of hurt and anger. The solution to this identified stress is to "let go" of her negative feelings so she could enjoy her lunch. Similarly, Lara talks of finding sunshine "lovely" and of ignoring "the grey, cloudy chilly parts of the day". In both extracts, feelings cause stress, and not to be stressed requires blocking out or avoiding the feelings. Participants talk often of strategies to avoid negative feelings. The constructs visible in this discourse appear to be of 'fragmented and discounted' selves. Experience is split into parts where only good experience is permissible. In the extract below, Grace talks about work and of feeling resigned and overwhelmed.

Extract 33, Grace, w1.

Result → feeling of resignation and being overwhelmed: masses of paperwork, clinical liaison, consultation... Made a cup of tea and mapped options with potential timeline then stretching exercises to loosen physical knots with the knowledge it works for a brief while but the physical tension will be back again... Considered my professional training and expertise in helping others to be solution focused and develop strategies to facilitate positive change processes in their lives yet my ability to keep my own stressors at bay/under control is so ad hoc!?! Have a sense of a real need to take control beyond the boundaries of my desk at work and the perimeters of my home.

Grace describes her attempts to cope with stress by taking control of the situation. This talk is generally of how to avoid negative feelings of resignation and overwhelm. This extract is particularly interesting because it is representative of almost all participants. At one time or another, most of them talk of taking control to remedy stress and this is the opposite of 'having no control' as the cause of stress (1.1b). Grace talks of using 'rational self' rules (e.g., mapped options, timelines, exercise) and of helping others to be solution focused to facilitate "positive change processes". Participants talk of strategies to block, 'let go' and change negative feelings. It was common to see talk of distracting oneself from negative feelings.

### **1.2c Avoid or remove the situation/experience**

In participants' discourse in this section we find the idea that avoiding or removing oneself is a solution to stress. They also talk of removing the situation or the experience. As we saw earlier many participants talk about stress as caused by others (1.1c) and so this talk of changing others, or co-opting them as a means to reduce stress, appears a reasonable solution. Also as we saw earlier, work is talked of as a common stressor. Many participants talk about removing or reducing work as a way of reducing stress. The notion of 'no work no stress' is commonplace in the diaries, emails and interviews.

Recent changes in legislation in Aotearoa/New Zealand regarding stress in the workplace are reflective of traditional mainstream approaches to stress (similar to legislation in the United Kingdom, see Wainwright & Calnan, 2002, Chapter 2). The findings of the present study indicate that this approach may have its problems. It might be that the construction of personhood in mechanistic, rationalistic and individualistic terms evident in the legislation is at risk of further disempowering people. This has implications for reactions by employers and employees to the above mentioned law changes and is discussed further in Chapter 6.

In the extracts below participants talk of reducing stress by not working.

Extract 34, Malia, w1.

Strange actually – I don't remember any real "reaction" but as I say, I'm on sabbatical so am in a bit of a sheltered time!

Extract 35, Vicki, w1.

My stress levels were down because of "no-work" – and enjoyed an extra "lie-in" today.

Extract 36, Alex, w1, 3.

Decided not to work Sunday felt immediately better was aware of being so much nicer to be around...Lay in bed contemplating the bliss – no work, no pressing needs...ignored clock...listened to myself...pampered myself...grocery shopping usually a major stress for me hate the crowdedness get frustrated with people getting in my way – noticed some stresses but they have less effect...wish I could feel like this all the time.

This talk often occurs as a version of the narrative - 'work stresses me' (i.e., others cause stress, 1.1c). If work is responsible for stress then it is reasonable to assume that not working reduces stress. For Malia (extract 34) not being at work is "sheltered time" and so work is the stressor and, like many other participants, here she appears to experience herself as disempowered in relation to work and/or work stress. Vicki (extract 35) also talks of not



being at work as a reason for not being stressed. This talk of solutions reflects literature on stress (see Chapter 2) where avoidance and adaptation by means of interventions are common recommendations (e.g., medication, meditation, problem solving, and exercise to be ‘stress fit’). In a similar vein Alex (extract 36) talks of her being “nicer to be around” when she is not working and is less stressed in other areas of her life. Alex says “wish I could feel like this all the time” which suggests to me that although the ‘no work no stress’ option may relieve stress short term (shopping is less stressful), it does not change the view that she is a victim to the inevitability of work stress.

Participants talk of not working to reduce stress but paradoxically talk of feeling stressed by having ‘non-productive time’. In the extract below Clare talks of a “fight” with herself over “non-busy/non-productive time” and describes a work ethic inherited in her family. Participants commonly talk about trying to take time out from work to reduce stress.

Extract 37, Clare, w2, 6.

I still fight with myself sometimes about having chunks of non busy/non productive time but this is improving over time – have been consciously working on this for several years – aware of the origins but the beliefs and habits are hard to break... Cause what I have done in the past I haven’t valued down time and partly I can see that it came from my parents who worked all the time and never played before work and blah, blah, blah.

This is an idea common in Western social constructions of work where the ‘productive self’ is the good self. It may not only be how busy and productive Clare is or is not, but the internal “fight” she talks of that contributes to her experience of stress. This ‘fight’ could be seen as an internalized battle with ‘other’ in the form of expectations about work from her family and the wider social context. Clare’s discourse suggests that she is caught between opposing ideas and discourses, one which says she should take time away from work to feel less stressed and another which says she should be working. I suggest this talk reflects the ambiguity and confusion that exist in the mainstream stress literature (Cooper & Dewe, 2004; Jones & Bright, 2001). Below is an example of talk reflecting this dilemma where Lara discusses how being busy is ‘good’.

Extract 38, Lara, w1.

Not busy at work so managed to do some extra. After work raced home to do meditation and (child) joined me. She liked it. Then we burst into cleaning and cooking gear...I know that I work best with a lot on my plate...I have a very full schedule currently, I don’t think I feel too stressed but I do have some aches in my shoulders. I do not have a lot of just restful time and not a lot of margin of error.

Lara describes herself as working “best with a lot on my plate” and having a “very full schedule”. These are valued qualities in Western societies and Lara’s discourse suggests that she feels good about herself because of this. She views herself not as disempowered but as the opposite: productive, valued, worthwhile, not powerless. She talks of not feeling “too stressed” although there is “not a lot of margin of error”. It is difficult to know exactly what this talk means, but one can theorize that Lara construes working hard and being under pressure as good and this means she feels good about herself. However, the comment, not much “margin of error” suggests that there might be more to this narrative.

Lara’s talk suggests to me that stress has a boundary point (or ‘margin’) where there can be a change from coping and feeling in control, to not coping and feeling out of control. I suggest that this notion of a ‘good’ self as productive and busy is a particular discourse related to traditional versions of self and stress. And that when the self is not productive and busy it is a ‘bad’ self (see next section, 1.3a). Lara’s talk appears to suggest that she views herself as a ‘bad’ self when she is not productive and busy. This may be evidenced also by her talk (extract 15) of feelings of anxiety at being unable to meet others’ demands.

Participants spoke about forms of distraction to feel less stressed and in a sense escaping the ‘situation’ and associated stress by doing something different. In the extracts below Kate talks of distraction and Anne talks of having someone take the burden (stress) away.

Extract 39, Kate, w2, 4.

I get stress. My face frowns, I get tired eyes, a wandering mind that doesn’t want to be here. Anything that can distract me will work, i.e. food, music, get the mail, other interests, etc....Often I’ll notice a bit of tension always present. What accompanies it is a mindset that ‘I’ have to get this or that done. There are expectations that have to be fulfilled and in a certain way otherwise it’s not good. My mind in this state – is busy, hard to focus, stressed, a tense feeling in my muscles – I’ll daydream of nice situations more.

Extract 40, Anne, w3.

Feel stressed and angry. I wish someone would be there for support, feel isolated, afraid and totally worn down. I wish for one day someone would drop in and take the burden of it all away for one day and give me some badly needed T.L.C. Can’t even bear to talk to parents after what happened. So I have no one to talk to. I hate what I have become. A nagging, moaning, depressed, miserable, rough woman. Felt better as time went on, (*friend*) rang and came to stay for one night, had a good chat (about her) late night and a few wines!!!

In extract 39, Kate talks of using distraction when stressed and removing herself from stress by doing something – anything – else. To cope with others’ expectations (others cause stress,

1.1c) she talks of daydreaming to manage this stressor. Interestingly, this strategy and Anne's strategy of talking to someone to relieve stress are common coping strategies which are recommended in the stress literature. In Anne's talk (extract 40) of needing the situation to change ("take the burden of it all away"), it appears that this is the only way she conceives of reducing stress. She talks of an 'other' to help her take stress away. As we saw earlier, in participants' talk, it is sometimes others who cause stress; therefore having others take stress away is a logical and rational strategy.

Meditation, exercise and social support are suggested as strategies to counter stress in much of the stress literature. I suggest these are 'rational self' concepts, because 'if something causes stress, remove and/or avoid it'. Mindfulness training teaches participants to accept all of their experience, and this is an alternative approach which proved useful in this study. This is discussed further below.

### **1.2d Avoid or remove stress by having others take it away**

In the category 1.1c above stress is talked of as caused by others. In the following extracts, participants talk about how others cause their stress and how others can take stress away. In each case these 'others' are viewed as being necessary to help avoid the feelings, thoughts and situations that are stressful. I suggest this discourse reflects an individualistic approach to stress. Individual thoughts, feelings and experiences are the focus. A rational law of causality appears to operate here, where if others are the cause of stress (1.1c) then logically, others can take it away. However, as Wainwright and Calan (2002) suggest this may result in a lack of agency (or passivity) and victimhood. The findings of this study suggest this is occurring at times.

I am not suggesting here that having others help is wrong (this would be an extreme turn in the opposite direction). Participants were asked to respond to questions about stress. I suspect that where 'getting help' proved useful and stress was reduced, participants may not have written further. In this section, stress is generally talked of in relation to the expectation that participants will be helped and extracts show this coincides with a disempowered view of self.

Extract 41, Diane, w4.

I could have screamed and stamped my feet at work this morning...I let her know how I felt → like a 2 year old wanting to stamp my feet and scream. I felt better just letting her know how frustrated I was. Went down to (*colleagues*) and asked for a hug, they were all

just great. (*Diane's boss*) dragged me into her office and hugged me and I swore – how can life be so against you. She said it wasn't my problem...at least I was able to react by letting people know [how] I felt which was better than bottling it up and crying!!!

Extract 42, Alex, w2.

Day was crazy, but just couldn't shake the 'blahs'. Needed lots of cuddles, it seemed to help but only for a moment.

Extract 43, Robyn, w1.

My money situation is starting to make me feel really angry and 'pissed off' (sorry!!) because this has been the story of the past 4-5 years of my life. I feel tears coming to my eyes thinking about it but I don't want to deal with it so I will probably stuff these feelings with food, because that's what I do...I know that when I'm feeling this way I can always ring a friend and feel a lot better simply by talking about everything, which I did this morning.

In each extract the participant talks of avoiding stress by having others intervene. Others provide hugs, cuddles, affirmations and tell participants 'it's not your problem'. For one participant, food serves to help her manage stress. Participants talk of attempting to avoid their thoughts and feelings by changing the situation (1,2c). Diane (extract 41) talks of catharsis as the solution to stress. The stress literature has generally moved away from Freudian versions of self and distress, however catharsis appears to still be a popular notion. I suggest here that Diane's talk reflects this notion when she feels better by letting others know how she feels rather than 'bottling feelings up' and crying. She also talks of others causing stress (1.1c) and needing to remove negative emotions (1.2b). As she talks of herself as "a two year old" it appears that her feelings are problematic and she believes they should be changed.

In Diane's discourse (extract 41) there is no distinction between her feelings and how she is expressing them and this reflects the mainstream stress discourse. Emotions are generally referred to in the literature as events that are problematic and as though 'they have a life of their own'. The reductionism of mainstream positivist research is critiqued by a number of authors presented in Chapter 2 and participants' discourse reflects this mainstream approach. Emotion is often talked of as a separate entity to the person as a whole and disconnected and divorced from the context in which they emerge. A view of negative emotion in the dominant discourses is of dysfunction and disorder. Similar discourse is evident in Diane's extract where she can relieve the stressful emotions by 'getting rid of them', that is, through catharsis. However, her discourse suggests that a disempowered version of self remains because she then requires other people to ensure she successfully manages her feelings (the

idea of *venting dysfunctional feelings* in therapy, and to others). As suggested above, it may be that mindfulness shares the notion of ‘externalizing emotion’ with cognitive and clinical psychology approaches. I conclude later, that although there are similar concepts, important ontological differences exist.

In Alex’s discourse (extract 42) we see that this approach is of limited value and ‘cuddles only help for a moment’. Robyn (extract 43) appears to express similar views when she talks of ‘stuffing the feelings with food’ or ringing a friend and ‘talking about everything’. Regardless of the strategies used, the participants’ discourse suggests they view themselves as disempowered and passive in regards to their stress and their solutions are conceptualized in rationalistic, ‘cause and effect’ terms. Other people – friends (or experts, below) – are required to help the person solve stress. For Patricia, a professional is the solution to reducing her stress:

Extract 44, Patricia, w3.

As I stayed up late last night, this morning I couldn’t get up. Much of it was the stress of study. I got up at 11.30am, sat around, had coffee and rang the spiritual healer to get an appointment as the gloom was sitting there and I was not moving. An hour later as I still hadn’t started study (procrastination) I phoned the spiritual healer back and shifted appointment to 2pm today. I quickly got ready and was there on time. The session took 1 1/2 hours but it made me feel lighter and happier. The news she told me was also impressive and inspiring. I then proceeded to [*school*] and began studying. Although concentration was difficult due to thinking about the healing session.

Patricia talks of being unable to study because of “the gloom” (her emotions cause stress and should be removed, 1.2b) and a session with a spiritual healer “made” her feel “lighter and happier”, relieving her stress. For Patricia stress is the presence of difficult feelings (i.e., “gloom”) that ‘prevent’ her from studying (cause stress 1.1c) and other people are required to take the feelings and stress away. This sub-category reflects the mainstream literature on stress where professionals and experts are viewed as able to remove stress and difficult emotions (Furedi, 2004; Rose, 1999).

As stress is socially constructed as an individual problem, where one must remove either the stressor or how one feels about it, professionals and experts are required when stress cannot be removed. Generally, in mainstream approaches treatment is aimed at symptom removal and/or avoidance. However, Ecker and Hulley (2007) suggest that mainstream psychiatry and psychology have ‘hit a glass ceiling’ because evidence suggests that avoidance, or the removal of emotion, is not ultimately helping clients. The authors further suggest that

including an awareness of emotions is ultimately useful in reducing distress. It also empowers people because a 'self as strong and resilient' view is more likely to result.

### **Summary**

In participants' discourse, solutions to stress are said to involve avoiding or removing thoughts, feelings, the situation or experience, or having others take it away. As stress is conceptualized to be 'caused' by having too much to do and not enough time, having no control, as being caused by others, or having to meet others' demands and needs, these solutions appear to make sense. These discourses reflect constructions of self as mechanistic, rationalistic and individualistic and can be found in the majority of the mainstream literature on stress. Participants appear to view themselves as ultimately responsible for fixing their own stress. However, oftentimes this is accompanied by a discourse of disempowerment and victimhood.

### ***1.3 Self, Other and Body in Stress***

In participants' discourse on stress as primarily 'overwhelm and powerlessness', we find talk of its causes (1.1) and solutions (1.2). A third sub-theme is discourse on self, others and body (1.3). The first two sub-themes will show that participants' talk of themselves (1.3a) and others (1.3b) as 'bad and wrong' dependent upon whom or what they perceive to be the cause of and solution to their stress. I suggest that participants' talk of themselves and others as bad or wrong reflects traditional social constructs of what it is to be 'good and right'.

This discourse relates to concepts and social constructs (e.g., control, power, emotion) that inform us about how we should behave to be seen as successful and so forth. This is an important theme in my work as a counsellor. As a counsellor, I witness clients struggling with enormous stressors oftentimes with a view of themselves as weak, unlovable, imperfect or even evil. This is an important aspect of participant's experience in this study and further research could help expand understanding in this area of stress response.

As shown above, participants talk of the need to conform to a 'work ethic', for instance, and there appears to be a dilemma when they also want to take time out to relieve stress (e.g., extract 37, 1.2c). The sense one often gets from these sections of talk is of overwhelm and powerlessness. When participants talk of others as 'bad or wrong', in this section, they appear to blame them for their stress and in this context they construct a version of

themselves as powerless and a victim. In blaming and judging themselves as bad and wrong I suggest the same occurs. They appear to see themselves as a victim even to themselves, and this is reflected in the stress literature in notions of the archaic body (i.e., the nervous system as an outmoded and inadequate structure for dealing with the rigour of modern life; see Kugelmann, 1992).

The final category in this section is discourse where participants appear to view stress as connected to the body, in particular to negative bodily symptoms or states. In Chapter 2, I presented literature to critique the socially constructed nature of the stress discourse as connected with the body in a way that results in a victim view of self (e.g., stress due to physiology, the growing ‘epidemic’ of stress - see Kugelmann, 1992; Wainwright & Calnan, 2002). Discourses here reflect the dominant discourse where bodily equilibrium and homeostasis are seen as the norm. The concept of ‘fight and flight’ (and recently, ‘freeze’) is visible in these discourses where ‘appraisals’ are viewed as responsible for problematic bodily reactions that lead to illness. We see here an objectification and rationalizing of the body in the discourse (termed dys-embodiment, Allen, 2002).

As we have seen, when stress is conceptualized in this way, prevention and intervention focus on the removal or avoidance, adaptation or change, of the environment (situational) or person (dispositional) aspects of experience. This involves, for example, problem-focused coping strategies such as cognitive problem-solving and decision-making, interpersonal conflict resolution, and time management. Emotion-focused strategies include “cognitive efforts that change the meaning of the situation, without changing the environment...and behavioural efforts to make oneself feel better” (e.g., exercise, relaxation, meditation) (Folkman et al., 1991, p.243). However, a new set of difficulties may arise in this conceptualisation. It may be that stress research has reached a ‘glass ceiling’. This is discussed further in Chapter 6.

### **1.3a Self as ‘bad and wrong’**

It often occurs in participants’ discourse that self is viewed negatively. As stress is viewed as overwhelming and participants feel powerless, it appears that in the causes and solutions to stress there is a self-construct of ‘bad and wrong’. This is noted in the stress literature where self esteem is viewed as a stress buffer (Zeidner & Endler, 1996). The extracts below point to this construct as an important consideration in the experience of stress.

Extract 45, Vicki, w5.

Am sometimes wondering if I say too much in class, a little impulsive to say how I feel when asked, then question if I've made a fool of myself.

Extract 46, Kate, w4.

I dread this! I see the word count, the requirements and the marking criteria of the tutor that I have to live up to and be measured by. I have to please her as well! ... These are the thoughts that go on inside my head, underlying my experience. I get stress.

In the first extract Vicki's discourse suggests to me that she judges herself 'to be' impulsive and foolish, she sees her self this way and this is 'bad', she is 'bad'. As outlined in Chapter 2, this understanding of oneself relates to ideas founded in early Greek philosophy and developed by Descartes and others. These rationalist ideals of the 17<sup>th</sup> and 18<sup>th</sup> centuries view 'reality' in terms of 'I think therefore I am', where reality exists objectively. These ideals can be seen to form the basis of the dominant discourses.

How Vicki appears to understand her 'reality' is that 'speaking in class' causes her stress (1.1c), something 'out there' causes stress. Speaking in class is an objective experience. The subjective and contextual are missing from her discourse and, we could assume, from her understanding of her experience. It may be that as the subjective and contextual are de-emphasized or de-legitimized in the dominant discourses this is reflected in Vicki's view of her experience. They might be less important aspects of experience or simply not attended to. As we saw earlier, as stress is viewed as caused by others, it is a logical inference that it is the class that causes Vicki's stress and so she blames herself. As stress is also a socially constructed experience and individuals are 'victims' of stress then Vicki is reacting as one would expect.

In extract 46, Kate talks of stress at the idea of having to live up to, and be measured by, her tutor. However, she also uses the words "as well" implying that there are others whom she must please (this links to having to meet others' demands and needs, 1.1d). In this discourse the self is viewed as powerless as Kate tries to be 'good' and meet expectations. I suggest her teacher is viewed as the powerful other who decides Kate's fate. The expectations talked of by both women in these extracts reflect social constructs of what it means to be 'good'; that people should spontaneously talk about how they feel and be measured well in academia. Oftentimes people in Western societies are judged against their intellectual achievements and this can reflect social values of individualism, rationalism, and non-emotionality. In the next section participants talk of others as 'bad and wrong'.



### 1.3b Others as ‘bad and wrong’

In this section extracts show participants talk of seeing others as, what I term ‘bad and wrong’ and blame others for causing their stress. This talk reflects a social process where not only are others viewed as the cause of stress (1.1c), but the talk of others as ‘bad and wrong’ reinforces the position of speaker as correct (i.e., others cause stress and so they are bad and wrong, they are also bad and wrong because they cause stress). Many of the extracts below link to the category of others cause stress (1.1c).

Extract 47, Vicki, w4.

I was stressed when I found there was a ‘wait’ at the new lunch bar around the corner from my home – I’d dropped in to purchase a ‘sub-way’ sandwich for our lunch – I thought my friend would find me not home and leave – I also thought they would then find me rude and disorganized – however that did not happen.

Vicki talks of stress as caused by having to wait and what she thinks her friend will think of her (as “rude and disorganized”). This talk appears to me to suggest that she is a victim to how others treat and view her and she can do nothing about either. Once again others are more powerful and are able to dictate how Vicki will feel. This talk is not directly of the other as bad and wrong, it could be that it reflects Vicki’s view of herself as bad (late, rude, disorganized). I have included it here because it could also point to a perspective that was quite common in the data. That is, that participants’ talk was not generally of the kindness and generosity of others but of their ‘badness’. I suggest the talk of the general ‘badness’ of others (and the world) would contribute to and reinforce the view of self as disempowered.

In extract 48 Lara talks of her child leaving “things till the last minute” as the cause of her stress (1.1c), Anne’s talk is of being provoked and Jill talks of her demanding children.

Extract 48, Lara, w3.

A day helping (child) with her textiles. Always quite frustrating. Why do kids leave things till the last minute?

Extract 49, Anne, w3.

He provokes me, then when I react he blames me, and I get left with the feeling of being hard to be around, but he is encouraging my bad behaviour by his comments and attitude. I need support and understanding unconditionally all the time.

Extract 50, Jill, w1.

When tired – minimal tolerance to kids' demands...my greatest stress moments (times of dyscontrol (!!)) are when they [her children] are at their most demanding, i.e., they are not controlling themselves and need me to do it for them. I get exasperated, snappy and sometimes explosive. Major learned helplessness.

As others are talked of as responsible for one's stress, they are also talked of as 'bad and wrong' in much the same way that participant's here talk of themselves. In their discourse it may be that, as they search for a cause of their stress, if it is not 'me' then it must be 'them'. Lara's discourse, in extract 48, suggests this view. Viewing stress in this way appears to reinforce the construction of the individual as a victim and powerless, to change the situation. In the research and literature presented in Chapter 2, a focus on situational factors (environmental) as the cause of stress may mean people are viewed as victims of these forces. This is sometimes a useful distinction, however, it may be a limited way of conceptualizing complex situations and relationships. Similarly, where dispositional (internal or personal) factors are the focus, especially in trait theories of personality, people are conveyed as victims to stable and immutable internal forces (i.e., their personality, people are victims to themselves).

Anne's discourse (extract 49) suggests that she is a victim to her husband's provocations where he is 'bad and wrong' for this behaviour. Her talk also suggests that she sees herself as 'bad and wrong' ("hard to be around", "my bad behaviour") and can do nothing other than react to it, which is stressful. This resembles Diane's talk (extract 41) of having others hug her and tell her it is not her problem, Anne says she needs "support and understanding unconditionally all the time". Anne's discourse suggests to me that she feels like a victim to her environment if she is unsupported by others. In extract 50, Jill talks of her "demanding children" as the cause of her stress (1.1c) and it appears that they are 'bad and wrong' for being demanding. This talk suggests to me that she also sees herself as bad and wrong (e.g., dyscontrol (!!), exasperated, snappy and sometimes explosive). The term she uses "learned helplessness" is a psychological term that explains this victim-self position.

The extracts below show participant's discourse on stress in relation to their bodies.

### **1.3c Stress and dys-embodiment**

As described in the section directly above, participant's talk about stress with the view that they and others are 'bad and wrong'. In the extracts below, a similar version of discourse is

applied to negative bodily symptoms or states that are connected with stress. The dominant discourse in the literature on stress often connects stress and the body.

The socially constructed conceptualisation of the mind and body as ‘split and separate’ (Cartesian dualism) leads to people viewing their body in an objectified, dualistic and reductionist fashion. This dys-embodied perspective is problematic according to Allen (2002). The extracts below illustrate this theme.

Extract 51, Grace, w1.

So much expertise required of many all to be focused on one and ultimately the prognosis is poor → knot between my shoulders and ache at base of my skull → whole body taut and weary → ambulance at cliff base again!

Extract 52, Robyn, w1.

I’m experiencing a lot of tension in my neck and base of my head and I feel very heavy in my shoulders. I’m probably needing another good cry, but I’m feeling the need to stay “in control” as I’m going out soon .

Extract 53, Kate, w4, 6.

I felt tension in my chest, I felt scared, threatened...I noticed the typical symptoms of tension and warmth in my face at the time.

In the above extracts stress is connected with tension, knots and aches, heaviness, and blushing. Stress has been increasingly socially constructed as a ‘medicalized’ experience over the last century (Kugelmann, 1992; Wainwright & Calnan, 2002) and participants’ discourse reflects this (e.g., a focus on the body, shoulders, skull, chest, and through the use of the word ‘symptoms’). One could ask if this somehow legitimates their experience of stress as it also appears so prominently in society and in literature (as Harkness et al., 2005, suggest). Participants’ discourse often appears to legitimate the presence of stress by the presence of these negative physical symptoms. Alternatively, focusing on the physical aspects of their experience in this dys-embodied way may help avoid other aspects of their experience (e.g., associated thoughts and feelings, and people). I term this discourse ‘dys-embodied’ also because once participant’s talk of their symptoms, there appears to be no further reference to the symptoms or the body. I suggest this has implications for health care as there may be negative consequences to conceiving of self in this way.

Stress is talked of as evident because of the presence of stress symptoms and the symptoms justify the presence of stress. Later, in Part 2, Charlotte (extract 80) talks of noticing and

addressing chest pains after practicing mindfulness. However, negative bodily experiences remain connected in her talk of stress. With mindfulness training her discourse appears to reflect agency whereby she begins to attend to the symptoms. Her discourse reflects a view of self that is no longer overwhelmed and powerless to these ‘symptoms’. Later, in extract 80, we will see that her discourse had reflected passivity as she had ignored her chest pain.

In Wainwright and Calnan’s (2002) terms this might mean not *being with* the body or not engaging with the world through all of one’s senses. Rather it is a dys-embodied experience of *thinking about* the body where the world is understood merely in terms of *representations of* the body (see Chapter 2). In Chapter 2, I present literature critiquing psychology, medicine, therapy and the media, for reinforcing social constructions of experience as individualized, reductionist and dys-embodied and how this contributes to the view of a victimized, passive version of self (see Furedi, 2004; Harkness et al., 2005; Lewig & Dollard, 2001; Wainwright & Calnan, 2002).

This talk is problematic. If negative bodily symptoms become viewed as a cause of stress, the removal or avoidance of these symptoms is the rational solution. The problem- and emotion-focused coping strategies that are recommended in most stress reduction programmes aim to eliminate or avoid either the external physical cause of stress or the emotional reaction to stress and this includes body symptoms. It may mean that people simply remove the physical symptoms without necessarily attending to other aspects of their experience (i.e., the interpersonal, cultural, social, economic, and political). This may be one reason why the overall success of stress reduction interventions is questioned (see Jones & Bright, 2001; Somerfield & McCrae, 2000).

### **Summary**

In this final section, extracts of discourse have reported themes of ‘overwhelm and powerlessness’ and a disempowered view of self in regard self, others and the body. This discourse shows versions of self, other and body as ‘bad and wrong’ when stressed. This, I suggest, indicates that participants’ view themselves negatively because they equate their ‘self’ with what they think, feel and do, and is a version of ‘I think therefore I am’.

## *Conclusion*

I conclude that a mechanistic, rationalistic and individualistic version of self exists in participant's discourse. This view is of 'man as a thinking machine' and is reflected in the 'cause and effect' discourse where what one thinks is 'real' and objectively exists 'out there'. Participants talk of acting on these ideas as immutable 'truths'. And this way of talking about their experience is similar to talk of others and their body as 'bad and wrong'. There are a number of important consequences of this view of self, other and body (e.g., future research, treatment options, service provision) which Chapter 6 discusses further.

Participants in this research talk of stress as an experience of overwhelm and powerlessness, and appear to view themselves as victims when stressed. They talk of stress as caused by having too much to do and not enough time, by having no control, as caused by others, and as the result of having to meet the demands and needs of others. The solutions to stress are to remove or avoid thoughts and/or feelings, and/or the situation or experience. Stress is something that can be removed or avoided by having others take it away. And this appears to reinforce the view that they are victims. Participants talk of seeing themselves and others as 'bad and wrong'. They connect negative bodily experiences with stress and talk in a way that reflects notions of dys-embodiment in the literature. The following quote by Somerfield and McCrae (2000) reflects the discourse presented in the above categories:

Coping is typically viewed as a rational response to an objective problem, distinct from maladaptive and psychopathological processes, which reflect inadequacies in the individual (p.623).

Participants talk of stress and coping in rational and objective terms (causes 1.1, solutions 1.2) and appear to view themselves and others as inadequate or pathological ('bad and wrong' 1.3) when they are stressed. The causes of stress are talked of in 'rational self' terms as there is too much to do (1.1a) more time is needed, if there is a lack of control (1.1b) more control is needed, if others cause stress (1.1c) then others can take stress away (1.2d). Having to meet others' demands (1.1d) is another version of 'others cause stress' but also a version of the category 'others can take stress away' (1.2d). Talk of having to meet others' demands is expressed in terms of overwhelm and powerlessness. This, I suggest, produces a view of self as disempowered.

The solutions to stress are also talked of in these 'rational self' terms. Thoughts and feelings are talked of as causing stress (1.2a, b) and removing them is a rational approach. Situations and experiences cause stress where they too can be avoided or removed (1.2c). Self, other

and the body are talked of as ‘bad and wrong’ (1.3a, b, c) and this reflects the discourse in themes 1.1 and 1.2. This shows, I suggest, that when there are no other explanations for their stress, or the answer to what stresses them remains unclear, participants talk of blaming and judging themselves and/or others. Here participants appear to have no other models of thinking or relating to themselves and others. The notions of self, other and body as ‘bad and wrong’, appear to rationalize participants’ experiences of stress.

Conceptualized in this way, participants’ talk reflects the social constructions of self and stress evident in the dominant discourses. The results can be compared to the dominant discourses of ‘rational self’ visible in the literature. It appears that participants view stress as due to either situational (environmental) or dispositional (individual) factors (see Jones & Bright, 2001). This discourse suggests to me that participants, in some way, are aware of ‘appraisal’ theories of stress as thoughts and feelings are seen as able to be avoided or removed (e.g., Holmes & Rahe, 1967; Lazarus & Folkman, 1984, see Chapter 2). This talk is reflective of problem-focused and emotion-focused coping perspectives in the mainstream stress literature. And, I suggest, this reflects social constructions of a ‘good’ self as one who is rational, autonomous, non-emotional, and in control.

The results support the critiques of the stress literature. They support Kranz and Long’s (2002) results showing that stress advice in two women’s magazines was also mechanistic, individualistic and rationalistic. Here the individual is the primary focus and rationalistic strategies are offered to remove or avoid stressful thoughts and feelings. The results support Gergen’s (1999) comments regarding the isolation and loneliness inherent in current Western social constructions of self. I conclude that, participants stress discourse can be viewed as primarily a focus on a:

...heightened awareness of mental and physical frailty [and reflects] a culture which celebrates victimhood (Wainwright & Calnan, 2002, p.187).

Participants’ discourse appears to reflect a “heightened awareness of mental and physical frailty” in their talk of lacking control (1.1b) and of the solutions to stress (1.2). Thoughts, feelings and experiences that cause stress are to be avoided or removed. The results confirm Durie’s (1989) observation that the Western concept of self, as opposed to the Māori, is problematic because of its focus on the individual to the exclusion of family, spirituality, the environment and other ways of making meaning. Kugelmann (1992) concludes:

What is absent in most of the commentary on stress is an analysis of how it forms perceptions of self, body, and world (p.21).

Participants' discourse reflects a view that as individuals they are the primary focus of attention when stressed. Rose (1999) expresses concern about the "unceasing reflexive gaze" (p.213) that dominates Western social constructions of self. And finally, I suggest the findings reinforce the Buddha's contestation that suffering results from an attachment to the pleasant and avoidance of the unpleasant. Chapter 6 further discusses these conclusions.

## **Part 2 Mindfulness**

With mindfulness training, participants are asked to accept all of their experience in the 'here and now' and not to see their self as a reflection of their thoughts and feelings. I show below that some participants then begin to talk of their thoughts and feelings as separate to their notion of self (termed cognitive defusion or dis-identification in the psychology literature). The result is that rather than reifying this as another version of a 'true self,' participants' discourse suggests to me that this appears to open up a range of possibilities for being and acting differently in the world. They talk of being much less constrained by difficult thoughts, feelings and bodily experiences, rather than talk of being powerless or a 'victim', where avoidance or change are the only options to remedy stress. I conclude that participants' discourse is of empowerment where previous stress discourse is of disempowerment.

In mindfulness training one might expect that talk of depression, for example, is no longer of a 'depressed self' (and therefore a 'bad self'), but rather a 'self' who experiences thoughts, feelings and bodily sensations that are usually constructed in Western society as 'depression'. Similar talk occurs with these participants; where talk of blaming and judgement of self and others is of one's own evaluations rather than 'truths'. Participants talk in more positive ways about themselves. Positive and negative thoughts are equally 'passing events in the field of one's consciousness'. Prior to mindfulness training dualisms occur in participants' talk where 'good' thoughts reflect a 'good self'. This had become problematic, as 'bad thoughts' then meant a 'bad self'.

As Burwood et al. (1999) suggest, it is problematic not that people talk in a dualistic fashion but that one aspect of the duality is marginalized. With mindfulness training it appears that

for some participants the process of marginalizing unwanted experiences disappears from their discourse. This process is discussed by Hayes et al. (1999):

Symbols are poured together with the events they describe and with the people who describe them. For example, a client will say, "I *am* depressed." The statement looks like a description, but it is not. It suggests that the client has fused with the verbal label and treated it as a matter of essence or identity, not emotion. "I am depressed" casts a feeling as an issue of being – "am" is, after all just a form of the word "be." At a descriptive level what is happening is something more like "I am a person who is having a feeling called 'depression' at this moment" (p.72-3).

The data presented show the process and outcomes of mindfulness training. The discourses presented indicate, I suggest, a changed ontology of self. As part of the analysis, the extracts are compared with those before mindfulness training. I conclude that the discourse of a number of participants indicates a more empowered version of self. A discursive shift in their worldview and its usefulness are suggested by reports of dealing better with stress and stressors.

Two main principles were taught on this mindfulness programme. Firstly, participants were asked to consider a stance toward their thoughts and feelings as 'passing events in one's field of consciousness' rather than as 'truths' or the 'reality' about themselves and the world. Secondly, they were taught to 'accept all of their experience, as it is, here and now'. Hayes et al. (1999) define acceptance as:

...the alternative to avoidance...[it] involves an abandonment of dysfunctional change agendas and an active process of feeling feelings as feelings, thinking thoughts as thoughts, remembering memories as memories, and so on (p.77).

Participants' discourse on mindfulness is presented in two broad themes: the process of mindfulness training (2.1) and the outcomes of mindfulness training (2.2). In the final section I present extracts from the non-finishers in the programme (3).

### *Summary of Changes - Diaries*

The summary presented below indicates examples of the discourses to follow. This is not to suggest that participants moved clearly and progressively through weekly stages, as they most certainly did not. I have grouped a number of discourses to show very general comments that participants made through the weeks.

As described earlier, participants were asked to formally meditate and notice thoughts, feelings, bodily sensations and their external environment. They were asked to notice when



their mind wandered and to return their focus of attention to the present moment (see Appendix C for programme instructions). As an informal practice they were asked to be mindful as they go about day-to-day activities (i.e., noticing when the focus of attention has wandered or they are lost in thought rather than focused on where and what they are doing in the present moment).

**Week 1** - Early reports generally focused on the physical and emotional aspects of stress. It was as though this were the ‘language of stress’. That is, it was ‘normally’ framed with reference to the body and emotions. Participants talked about how they felt, they were rushed, busy and overwhelmed and how stress was caused by others. Participants also began to talk of their *minds as being busy* which appears to indicate that they considered their thoughts/mind as separate somehow. As stated above, this was an instruction in the programme and it also appeared to be a new way of thinking about their experience.

**Week 2** - By week two some participants talked of beginning not to react to their thoughts, but simply to ‘notice’. While many still talked about ‘change’ strategies to avoid stress, some wrote that their days were richer. Some were more assertive, and talked of creative problem solving rather than continuing to be angry and frustrated. Some talked of choosing responses that were different to those they had previously employed and of ‘being less reactive’ and more focused.

**Week 3** - A number of reports at week three were of having more choice rather than reacting, of finding creative solutions where before there were none, and of being aware of thoughts. Some participants talked of how they were a ‘part of’ their experience of stress, and talk of ‘setting boundaries’ and having better relationships.

**Week 4** - The week four diaries showed more talk of ‘noticing’ and acknowledging experience rather than avoiding it. There was talk of *accepting* all of one’s experience and of this being useful. There were more reports of feeling less stressed, choosing responses rather than reacting, and of more space. Others talked of an awareness of stressors, of being less rushed, and of changes in life philosophy. Some participants talked of ‘quieter minds’, of observing themselves (i.e., their mind) and of having new thoughts, of being more objective rather than ‘caught up’, and of noticing reactivity and choosing to respond differently.

**Week 5** - At week five a greater number of participants were writing about ‘letting go of what they could not control’. Others talked of being more in the ‘here and now’ and of calmness, of having a better memory and of more humour. Some talked of changing their way of reacting to others, of being less worried and feeling more “connectedness”. One participant talked of having a ‘new voice in her head’ that said *just breathe* and this, she said, helped her begin to manage very high levels of anxiety at work. Another participant talked of noticing agitation and ‘setting boundaries’ while another talked of awareness of what she calls the ‘distorted thinking’ that was affecting her relationships.

**Weeks 6** - By week six many of the participants still in the programme talked about an awareness of feelings and were using terms such as *not reacting* and *being still* in mind and body. Others talked of trying to resist ‘busy-ness’ and of being more reasonable and kind toward themselves. Others talked of sleeping better, pacing themselves and managing anxiety. Many participants talked of their capacity for stress as greater because they were noticing and addressing aspects of their lives that had previously been ignored and/or avoided.

As stated earlier, this summary is not meant to convey a progressive, linear experience of mindfulness training. It is possible to see in this brief summary that, if and when participants are mindful, this has a variety of meanings which are elaborated on and explored below.

### ***2.1 Process of Mindfulness Training***

There is a change in participants’ discourse as they proceed with mindfulness training. A number of themes are explicated in this discourse. Firstly, I present discourse of a re-constructing of self (2.1a) and secondly, that of acceptance (2.1b). I have termed the first sub-theme ‘re-constructing’ self because this discourse reflects, I believe, a change in participant’s view of themselves. Their discourse is a re-construction of notions of self away from its more traditional social construction. Participants are instructed in the mindfulness training to re-conceptualize ‘thoughts as thoughts’, to ‘notice’ thoughts rather than being ‘lost’ in thought, where ‘I am not my thoughts’ and ‘I am not what my thinking says I am’ (2.1a1).

I present extracts of participants’ discourse about feelings (2.1a2). This is discourse of not being ‘submerged’ as it were, in feeling, but where ‘noticing feelings’ is useful. I term this

‘noticing’ as opposed to being ‘caught up’, emotional tolerance. In the discourse, participants refer to tolerating emotion as one way of managing what is stressful. At the same time their discourse appears to reflect a re-construction of meaning about their body (2.1a3). They begin to talk of their body with more kindness rather than simply report bodily symptoms (as occurred in the discourse in Part 1). This discourse shows them attending to bodily awareness’s. Finally, in this section I present extracts that show talk of acceptance (2.1b). The two processes, re-construction of self (2.1a) and acceptance (2.1b), are linked in the discourse since they exist concurrently.

### **2.1a Re-constructing ‘Self’**

In the MBSR programme participants are asked to change their understanding of their thoughts and feelings (Kabat-Zinn, 1990). They are invited to ‘observe’ thoughts as passing events in their field of consciousness and to accept all of their experiences, including thoughts and feelings, as present in the ‘here and now’. In this thesis, I conclude that it is timely to incorporate a discussion of the social construction of self into mainstream mindfulness programmes and research. A failure to address the ontological foundations of mindfulness and stress constructs may account for a number of problems in both areas. The extracts below show participants’ reports of their experience of this approach to explain this conclusion.

#### **2.1a1 ‘I am not my thoughts’**

Training people to *notice thoughts as though they are passing events in one’s field of consciousness* is a mainstay of mindfulness training (Kabat-Zinn, 1990). This way of conceptualizing thought and the stance of acceptance are not common in Western society (Brazier, 2003). Western notions of thought construct positive or helpful thoughts as ‘good’ and negative as ‘bad’. In mindfulness training participants are asked to view thoughts and feelings as simply thoughts and feelings and not as ‘the reality and the truth’ of events.

The extracts below show participants’ discourse of a changed construction of self. This seems to indicate they regard their thoughts in this new way. Participants talk of the contents of their thoughts as ‘events in their mind’ and of relating less to them as ‘truths’ to be acted upon. They then talk of ‘responding’ rather than ‘reacting’ to these events or people that had previously been talked of as causing stress. The extracts below show Clare, Lara and Vicki’s talk of their thoughts.

Extract 63, Clare, w1.

Been preoccupied with my busy head and full mind which has definitely been highlighted to me by the daily body scan – is much worse than I anticipated. Also not about worries or concerns but about anything and everything.

Extract 64, Lara, w2.

Today I had turbulent and tumbling thoughts – not unpleasant just lots of quite disconnected from anything I could identify. This is not an uncommon experience for me – sort of like thoughts scrambling for hearing space in my mind.

Extract 65, Vicki, w6.

I went to bed early and thought of the words on the ATM tape → noticing thoughts, a considerable amount of time they are on me and my children and are “worry” thoughts.

Clare and Lara, early in the programme, talk of ‘noticing’ how many thoughts run through their minds. Vicki (at week six) also talks of noticing the content of her thoughts. Participants’ reports of noticing thoughts are at varying lengths of time throughout the training. While not possible to discern, it would be interesting to know how these time frames might relate to each individual’s practice of the ‘change agenda’ identified in Part 1 (and that identified in the mainstream stress literature, see Chapter 2). As can be seen above, some participants continue for some time to regard mindfulness itself as another way to create change or avoid unwanted experiences.

In extract 65, Vicki talks of noticing that her thoughts are often “worry” thoughts. As stated earlier, I believe the addition into participants’ writing of inverted commas reflects the change from a view of thoughts as ‘reality’ and ‘this is true’ to a re-construction of ‘thoughts as simply thoughts’. She does not talk of getting ‘caught up in worry’ as she did previously, which had suggested to me she saw herself as disempowered in relation to others. Instead Vicki’s discourse here, suggests she is someone with “worry” thoughts. This talk reflects, I believe, a sense of more agency and empowerment and this changes the experience of stress. Rather than simply a ‘think positive’ approach, mindfulness is a training in separating ‘who we are’ from our understanding of ‘the reality’. In contrast, extracts in Part 1 appear to show that participants view their thoughts and feelings as accurate representations of a stressful reality.

Many participants question the effectiveness or usefulness of mindfulness during the programme. The notion that their conceptualisation of ‘self’ might be a social construction

and therefore up for negotiation, is new to many. The following two extracts show participants' discourse of the difficulty of this new concept of thinking.

Extract 66, Alex, w2.

God, this is hard for me really struggling to let thoughts be in my head, yearn for peace, emptiness, familiarity.

Extract 67, Lara, w2.

The sitting one [meditation] was so different...auditory stimuli are easy for me to relate to – changing mode to 'watching' thoughts is nigh on impossible – I go quickly into a place of great relax and contentment in this [with auditory stimuli] – I wasn't as sad to stop today.

In extract 66, Alex talks of struggling to "let thoughts be in my head". In her diary she writes of having previously used another form of mediation to 'empty her mind' (extract 87). Not only is she incorporating this new idea of 'being with' her thoughts (acceptance 2.1b), she appears to view the thoughts as the problem and removing them as the solution (1.2a). They are difficult and painful thoughts and being a 'rational self' she appears to believe they are removable. I reiterate that this is not a 'bad' approach if and when it works. Lara (extract 67) talks of how 'watching' the mental stimulus is "nigh on impossible". This discourse is of an experience of 'struggle' in many participants reports.

The extracts below show the discourse of noticing 'thoughts' and 'mind' and participants' reports of this as helpful. This discourse is of a move to a view of self as 'observer', or in a distanced position to, the events that were previously stressful.

Extract 68, Kate, w2.

I notice I have been more observant of my mind and thus in a more detached position.

Extract 69, Lara, w4.

Meditated late afternoon...I found it quite interesting – it was like an early meditation – thoughts, especially work, kept interrupting. I just kept at it and eventually got some level of relaxation.

Extract 70, Grace, w4.

During 'thought' scan this evening the thought 'hovered' for a while that there's actually so little that can be done to make a difference – no matter how long or hard I work there are always just as many serious cases waiting for attention! Allowed that thought to 'drift away' but came back to it afterwards. Is it time to make a change of job or do I join the ranks of "old cynics"! And just accept the demand will always outstrip supply? Will

“notice” my feelings register over the next couple of weeks on this one – and try to write shorter reports.

Kate talks (extract 68) of how noticing her thoughts lead to “a more detached position”. This suggests a new version of self which can observe thinking rather than be caught up in thought. In Epstein’s (1995) words, developing the “capacity to attend to the moment-to-moment nature of mind allows the self to be experienced without the distortions of idealization or wishful fantasy” (p.94). In Kate’s diary entries in Part 1 (e.g., 46 and 53) she talks of stress as an experience of being ‘caught up’ and lost in all that she thinks and feels.

Lara (extract 69) writes that her thoughts are interrupting and rather than experience a perpetual interruption of thoughts (something many participants’ report as stressful) she talks of disengaging from this cycle and relaxing (links 2.2a). I wonder if Lara, before mindfulness training, may have tried to implement thought stopping techniques or ruminated on work, and whether these would have been useful. Future research could address this question.

Grace’s talk (extract 70) of a choice to change jobs or join the ‘cynics’ shows, I believe, that she is more empowered, she is now able to imagine another option. In Part 1, Grace’s discourse is of stress about work. Nowhere in her diaries, before mindfulness training, had she developed any resolution of this problem (see below). She talks here of accepting the idea that she cannot change the situation (acceptance 2.1b) and talks of taking some action to deal with the stress (empowerment).

In earlier diary entries (before mindfulness training) Grace talks much more of overwhelm and powerlessness and of being a ‘victim’. Extract 71, below, is an example of her talk of having no choice but to try to problem-solve and time-manage with the huge number of patients and her “familiar sense of being inadequate as a clinician in the face of systemic social malfunction” (see extract 33). This talk is very different from Grace’s talk of ‘choice’ above. Below, she talks of being a ‘victim’ to the battling parents and the system in which she lives and works. I suggest that her statement “consciously focused on breathing” injects a sense of agency to what is a very difficult and disempowering situation.

Extract 71, Grace, w1.

9am assessment scheduled hard on heels of yesterday afternoon’s, so inadequate time for review and preparation. Another solo parent struggling with needs of child and needs of self with the result being both become patients. Yet another parental hierarchy represented as bitter enemies and using their children as hostages in the vendetta they rage against each other. Had the feeling of constantly guarding against becoming ‘used’ or perceived as an

ally in each parents ‘battle’ against the other – very draining physically and mentally – had a constant feeling of irritation and frustration with inability or refusal of ‘significant’ adults to be responsible. Consciously focused on breathing when I realize the familiar sense of being inadequate as a clinician in the face of systemic social malfunction.

In this sub-theme the extracts show that noticing thoughts and practicing acceptance help to lead to a growing sense of choice or agency. In this discourse, noticing and accepting thoughts are useful. This is contrary to the strategy of avoiding, adapting to or changing thoughts, feelings and situations that are illustrated in Part 1.

### **2.1a2 Emotional Tolerance**

In mindfulness training participants are invited to *be with* their feelings or what I term ‘re-constructing feeling’. In this section the extracts show how participants’ talk about feelings and of ‘allowing’ feelings to be in their awareness without changing or avoiding them or viewing them as overwhelming truths (Bennett-Goleman, 2001). In the experience of strong and distressing feelings, as we see in Part 1 (1.2b, 1.3a), participants often see themselves and others as ‘bad and wrong’. Re-constructing feelings as ‘simply feelings’ and not representations of self or ‘truths’ the experience of stress changes. The practice of acceptance of all experience in the ‘here and now’ has a similar effect. As Gunaratana (1992) suggests mindfulness meditation can help the practitioner gain a “level of experience beyond good and bad, beyond pleasure and pain” (p.6).

Below participants talk of their feelings and this appears to show a changed meaning. They talk of being able to tolerate emotions, of not avoiding or changing situations but simply ‘noticing’ or ‘being with’ their experience. They talk of new experiences in important relationships and of seeing themselves as coping better with stress.

Extract 72, Patricia, w6.

I also found that when I was frustrated with the speed of the computer my feelings toward (*partner*) were selfish, but when watching a funny movie my feelings toward him were fond.

Patricia talks of her feelings toward her partner as reflective of the context she is in and not simply ‘truths’ about him. If she is annoyed with her computer her feelings about her partner are negative, however, watching a funny movie her feelings are positive. Participants talk of noticing how thoughts, feelings, situations and actions are connected in their experiences (especially stress). This discourse suggests that they become interested in the idea that feelings might be viewed as ‘flexible events’ rather than as ‘fixed realities and truths’. It

appears that when viewed as fixed realities the person is powerless to change them. In the extract below, Kate talks of her feelings and response to a job application.

Extract 73, Kate, w4.

I gather I've put too much hope and dependency on this job. I also realize I was wanting to attack them first so that I wouldn't have to feel the pain that their feeling/response to me is that I'm not good enough.

Kate talks of noticing a connection between thoughts and feelings and the actions she would normally take. She appears to implement 'rational self' rules in her discourse by attacking the employer (removing the experience 1.2) and seeing them as 'bad and wrong' (1.3.a). She talks of how she would have been a 'victim' to the employer who rejects her and of trying to regain power and agency by 'going on the attack'. This excerpt links with insight and awareness (2.2.b). In fact, Tart (1994) describes mindfulness as learning to become more aware of and having a "clear perception of your own and others' cruelty and suffering" (p.83). In her talk of noticing this way of thinking, feeling and acting, Kate appears to have a new option. The 'distanced' discourse of this stressful situation appears to allow her a sense of stability and choice. Before mindfulness training her talk may have been of neither. Some participants, like Lara in the following extract, talk of implementing mindfulness with other people.

Extract 74, Lara, w2.

I had seen one of my hardest clients – childhood from hell, vulnerable now pregnant and remembering incidents from childhood. Used mindfulness (sort of) we let the memories arrive, be remembered and let go of, to pass. She found this really useful.

In this extract, both health care professional and client are tolerating the presence of very difficult emotions. This talk suggests that 'the memories' are conceived of by both women as experiences that do not need to be avoided or changed. The emotions are tolerable, which I suggest, implies a sense of empowerment where both women are not 'victims' to the difficult memories and resulting feelings. Participants talk of increasing tolerance for difficult emotion in a number of situations and this can be seen in the following extracts.

Extract 75, Patricia, w1.

It was stressful to come home and fire not going. Let [*partner*] know about the house being cold and yucky. He said he thought we were going out. The discussion turned into a funny or comical slander, eg "right I'm gonna take your vid back" followed by a "right I'm gonna give your tea to the cats" which we both thought was quite funny. It was the first



time an argument from me being grumpy had turned out like this and I think it gave both of us confidence in the fact that depending on what is said a discrepancy can be controlled.

Extract 76, Alex, w4.

Back to my trigger. Short and Bald pushy salesman who liked getting in my personal space. Noticed how much I kept moving, [the] more than a dozen ways I tried to wind him up and get him on his way. The utter relief when he finally went. The feeling of uncleanness that totally enveloped me. The need to be outside (paced around carpark until feeling subsided). Interesting it didn't totally go until I verbalized to someone how I was feeling on a stress level of 1-10. That was definitely a 9. Male/short/bald/alone all classic for me. Had a course of action followed it moved on, it didn't ruin my day or cause sleepless night. Felt very pleased with myself. If I've gained nothing else this mindfulness has helped me with some quite intense past issues.

In extract 75, Patricia talks of a different outcome with her partner. It is not clear in the extract how mindfulness might have contributed to this, but her discourse suggests that 'being grumpy' turned out differently. Most importantly, this gave Patricia a greater sense of hope for future difficult interactions. Alex (extract 76) talks of 'noticing' her feelings and the subsequent thoughts and actions. Again, in this talk, we find a sense of 'distance' from the source of stress in Alex's report. Alex talks of experiencing less negative emotional difficulties (it does not ruin her day or cause a sleepless night) and she attributes this to mindfulness training. Although her talk suggests the short, pushy, salesman is the source of her stress, she does talk of triggers. I suggest there is a sense of agency in this talk in that Alex appears to believe her feelings relate to her past experiences as much as to the present. It is unclear how mindfulness is implicated but Alex reports that it is in relation to how she feels about her partner and "intense past issues".

Emotional tolerance is both a process and an outcome of mindfulness. Participants are invited to change how they relate to their feelings. The programme teaches both the reconstruction of 'feelings as feelings' (and not as reflections of self or truth) and acceptance (rather than avoidance) of feelings (2.1b). This changed meaning of 'feelings' provides an alternative to that recommended in the dominant discourses on stress. In a mainstream approach feelings are generally viewed as problematic when they are negative, they become pathologized and are "treated" by being avoided or removed.

In the above extracts, participants talk of noticing thoughts and feelings, accepting them as 'present here and now' and 'being with' these internal events, which they accept and do not attempt to control, avoid, remove, or change. The resulting discourse appears to reflect a changed view from self as disempowered to self as empowered. This finding is supported by

the extract below from an interview with Clare (at the time of the mindfulness training Clare's neighbour's son died; he was also a good friend).

Extract 77, Clare, interview p.12.

What is stress, I could identify... 'well I am really frustrated about blah'..., 'I am upset or I am angry'... I could identify some emotions but I didn't know where the stress inter-related with that. Is it that if with a certain amount of frustration or anger or whatever you become stressed, or is stress another thing and what I decided for me was that when there was a certain level of some experiences, like frustration or whatever, it became stressful.

Extract 78, Clare, interview p13.

[With mindfulness training] I don't get any less stressed now I think I am just clear of when it happens and that it's actually OK because it's really appropriate sometimes. When you know when you have taken on too much or you know like doing extra stuff in support of the neighbours, and still carrying on with your life. Well, there was stress attached to that but there was a lot of other really good stuff as well. And it was just like, it was an appropriate reaction to be stressed but we were also touched in many ways as well. So there were gifts in there as well, so it wasn't like I was anticipating I would be stress free and I don't think I do get any less stressed ummm. But it does, I think, I don't know whether this is, I don't think the course did this, I think I was getting to a place of managing, or beginning to manage my life better or thinking about how it should happen. The bit the mindfulness course did in that was reinforce for me that that was what I needed to do, like we don't know how long we are here for, how do we want to live it. If I find out tomorrow that I have only got six months, I would be pretty pissed off that I sweated about a whole lot of stuff that umm I didn't need to.

In her interview (extract 77) Clare attempts to define stress, and her talk clearly connects stress with the presence of negative feelings. This is interesting as it reflects the dominant discourse and mainstream literature where there is a call to direct stress research toward the study of emotion (Lazarus, 2000). In extract 78, Clare talks of acceptance (2.1b) of emotions as the key to dealing with stress more effectively. She does not attribute this solely to mindfulness training and it coincides with her own questioning after the death of her young friend.

In this talk Clare contemplates her own death, although this may be a result of Clare's age (she is in her late 40s) and ongoing health concerns, more than a Buddhist-like contemplation. She anticipates feeling "pissed off that I sweated about a whole lot of stuff that...I didn't need to". I take this to mean that she would regret being overly focused on negative emotions and being stressed about a "whole lot of [small] stuff". Once again we see here that negative emotions and stress are discursively connected. Clare talks about mindfulness being a practice that reinforces her exploration of how she should live. This points to, I believe, the necessity for addressing mindfulness questions ontologically rather than simply epistemologically.

In this category participants talk of how they become through mindfulness more aware of their own emotions and their responses to them. Generally they talk about unpleasant emotions but, like Patricia above (extract 75), some also link pleasant emotions and their reactions to certain situations and people. Linehan (1993) terms this ‘distress tolerance skills’ which:

...constitute a natural progression from mindfulness skills. They have to do with the ability to accept, in a non-judgmental fashion, both oneself and one’s current situation. Essentially, distress tolerance is the ability to perceive one’s environment without putting demands on it to be different; to experience one’s current emotional state without attempting to change it; and to observe one’s own thoughts and action patterns without attempting to stop or control them (p.147).

This talk of emotional tolerance is both a process and an outcome of mindfulness. Hayes et al. (1999) suggest that the acceptance of all one’s experience is an important therapeutic perspective and a change from the usual “dysfunctional change agendas” (p.77) that people normally implement (see Chapter 2, Acceptance and Commitment Therapy). As seen in the extracts in Part 1, a ‘change agenda’ is generally the *modus operandi* for participants. For these participants, at this time, it may or may not have been ‘dysfunctional’. This discourse does, however, point to the need for further exploration of the ‘change agenda’ evident in stress and mindfulness discourses.

A social constructionist perspective suggests that this is one interpretation of participants’ experience and there are a multitude of possible interpretations. The themes presented suggest that, for these participants, self is socially negotiated and constructed and this is visible in the language they use. With mindfulness training participants talk of a view where ‘feelings are simply feelings’ and of acceptance of feelings, and talk less of a disempowered view of themselves. This is discussed further below and in Chapter 6. In the category below participants talk of becoming aware of bodily responses with mindfulness training.

### **2.1a3 Embodiment**

In Part 1 of the findings I demonstrate how stress is discursively connected with the body. The body appears to be viewed as a repository of stress and is a view reflected in the dominant discourses (i.e., the body is talked of objectively as separate to self). The body is viewed as ‘bad and wrong’ and this discourse reflects a dys-embodiment where the ‘bad and wrong’ body can be removed, avoided and/or changed (links to 1.2c avoid or remove the situation/experience; 1.3a self as ‘bad and wrong’). This version of self, or what it is to be

human, can be traced back to Descartes' era and a rationalized conceptualisation of mind as distinct from the body and the self (see Burwood, et al., 1999, Chapter 2 for a discussion of this as a 'habit of thought').

A traditional conceptualisation of body suggests that it is as possible to remove thoughts, feelings and memories as it is to remove, for example, teeth. And participants in the present study talk about internal experiences in this way. In Part 1.3b negative body responses are discursively connected to stress. Participants talk of avoiding, changing or removing aspects of self (1.2a,b) as a solution to stress. As this may apply to removing parts of the body that cause stress or applying pharmaceuticals to remove unwanted bodily responses, this finding deserves further study. In fact Furedi (2004) suggests that the overuse of a mechanistic approach to negative experience results in passivity. And problematically, if a person's relationship to their body is 'dys-embodied' they may fail to notice when their body needs attention. This has major implications for the treatment of illness and stress.

In the following extracts participants talk about their body in relation to stress differently. The extracts presented previously (1.2c stress as dys-embodied) show talk of pain and 'problems with the body'. The following extracts show that participants appear to *listen* to their body and connect tension and pain to themselves and their context. In the extracts in 1.2c participants talk of stress symptoms and then talk on; they do not talk of what this means, other than as a sign of stress. The extracts below appear to reflect a concept of *embodiment*, where stress is noticed and participants attend to themselves *as body* (as opposed to *having a body*). I suggest this talk of their body and themselves show a greater kindness and concern and can be considered an important part of the positive outcomes reported here with mindfulness training.

In the first extracts below Alex talks of the stress she places on her body. Charlotte and Vicki talk of coming to notice bodily sensations they had previously ignored (links to removing or avoiding 1.2a thoughts, 1.2b feelings and/or the 1.2c experience as a solution to stress).

Extract 79, Alex, w3.

Definitely more aware of how my body responds to the stresses that I place on it.

Extract 80, Charlotte, w1.

Had a good morning until about 10.30 when the pressure went on. Felt my back and shoulders tense up and had a pain in my chest. Began to realize that this is often how I feel during the day and I don't like it!...Pains in my chest and back did not start till around lunchtime. I am much more aware of these pains. And much more disturbed by them...Stress symptoms are with me – not hungry, feeling sick, achey back.

Extract 81, Vicki, w1.

I noticed, when I was stressed, the sore parts in my body, I became more anxious and tired.

The discourse here is of taking responsibility for responses rather than noting a connection between negative body sensations and stress and doing nothing further (as was the case in category 1.3c). In extract 79 Alex states that she is more aware of the stress she *places on* her body and this appears to reflect a sense of agency and choice about stress. In her talk she has not made herself or her body 'bad and wrong'. Wainwright and Calnan's (2002) studies of workplace stress found that participants are often blamed for their stress and seen as ultimately responsible for remedying it. Alex's talk of self-responsibility could be viewed in this way. And it could be that, in identifying her own part in stress, she now has greater choice about what stresses she 'places on her body' in the future. It may be useful to the study of stress to incorporate an 'and and both' approach. Alex can be aware of her responsibility as well as that of others in the development of stress. If she understands herself to have agency rather than being passive in her experience this would contribute, I imagine, to better outcomes.

In extract 80 Charlotte talks of noticing potentially dangerous chest pain. We could surmise that previously these bodily sensations had been ignored (avoided) in a dys-embodied fashion. She says she realizes she has had these pains many times before and we can assume has not acted on them. Something is happening for Charlotte that suggests she is paying greater attention to her needs and this *includes* her body. It may be that being invited to attend to all of her experience in the 'here and now' has brought this closer to her attention.

In extract 81 Vicki's discourse also connects stress to soreness in her body. She states that she "became more anxious and tired" noticing these sore parts of her body and I suggest that this was useful. It may be that she did not notice these sore parts before (although she did not write about her body previously). Mindfulness training asks participants to notice their body and this is new for many participants. It may be that Vicki ignored these sore parts because when she did notice them she became worried and anxious. As greater emotional tolerance is one outcome of mindfulness it may be that Vicki, although still anxious and worried, can

attend to these signals and manage her pain and stress better. In the following extracts, we see in Malia's discourse that mindfulness training helps her have a renewed relationship with her body – we could perhaps say, one of inclusivity.

Extract 82, Malia, w2-5.

The recourse to breathing, and later to the bigger picture eased things considerably, and the frustration was short-lived. Strangely, after this experience the rest of the meeting flowed well with no feelings like what had surfaced before... Decided eventually, to breathe into sleep and out of the tizzy I'd got into – took a while – “body scan” method, and at last settled down. So, a different kind of experience, and a useful counter... Everything coming at once! Used the breathing mid-morning, and found that I could slow everything down – got a good, constructive afternoon of happily flying the desk!...The exercise, breathing and being aware of my body as a whole settled me down, I believe, for the deep sleep in a foreign place...Difficult meeting – felt stressed and struggling not to ‘react’ – the deliberate breathing helped, and kept me aware and attentive. The breathing took a while to settle me down, but did so effectively.

In the above extracts Malia talks of using her breath and managing her stress. This discourse suggests to me she is *being inclusive* with her body rather than seeing it as *some-thing* to reject or avoid. She says that she is able to see a “bigger picture” and work constructively (links to insight, awareness 2.2b below) to manage her feelings of frustration (re-constructing feeling 2.1b). Unlike others who spoke of recognizing stress by noticing thoughts and feelings, Malia reports that “being aware of my body as a whole” enables her to “slow everything down” and not react. She appears to talk of an effective embodiment of her self that allows her to be aware of, and eventually change, what is happening with her body in stressful situations. In the extracts below Clare and Joan also describe becoming aware of their bodies in relation to stress.

Extract 83, Clare, interview p.2.

Someone would say...Hey you look a bit tense or whatever, I might have thought and they had said hey what's going on, I might have said.. oh I am a bit stressed. But now what I am doing is that I am just aware the way my body is quite tense, feeling quite contained, ummmm, emotionally and in remote control.

Extract 84, Joan, w3.

Whilst waiting I took up the sitting practice position and focused on the breath. I found it very interesting to explore where the waiting was manifesting in my body. I was not surprised to find it occupying mainly my neck and shoulders – a common site of stress operating in my body.

In these extracts both participants talk of relating to their bodies in a different way. As a result, rather than talk of avoiding these experiences they talk of noticing early signs and taking action to change the stress experience. This talk reflects a change from talk *about* the

body (dys-embodied) to talk that appears to reflect a sense of *being with* body (Wainwright & Calnan, 2002). Generally, participants' discourse changes from talk that is of the body as 'an object' to the body more inclusively. Kabat-Zinn (2005) states with mindfulness yoga:

...we can expand and deepen our sense of what it means to *inhabit*<sup>14</sup> the body and develop a richer and more nuanced sense of the lived body in the lived moment (p.276).

In the discourse presented in Part 1 participants generally refer to their body in a way that reflects a dominant discourse and a Cartesian perspective. The body is viewed as separate from mind and self, and removed from its context and 'whole'. Participants' discourse here can be understood with reference to the literature critical of approaches that view the body as *some thing* to be engineered and mechanized (see Brown, 1999, Kugelmann, 1992).

Applying mindfulness is not without problems with regard to embodiment. Mindfulness is implemented in psychological and medical treatment regimes in ways that reflect other stress reduction methods where "dietary changes, exercise programs, new hobbies, and meditation are typically recommended avenues to calm the noble savage" (i.e., the archaic body and outmoded nervous system) (Kugelmann, 1992, p.170). For example, Dialectic Behavior Therapy (DBT) is a cognitive-behavioural treatment for borderline personality disorder that incorporates mindfulness 'skills' but not the ontological approach or worldview of self and change suggested through this research. Clients or patients in psychological and medical treatments implementing mindfulness are encouraged to 'body scan' and see their bodies as a mental representation (Kabat-Zinn, 1990; Segal, et al., 2002). As Kugelmann (1992) suggests, under these conditions our relationship to our body becomes abstract and inscribed with the discourse of "thermodynamics, strength of material, and anatomy" (p.170). This is an important consideration and is discussed further in Chapter 6.

## Summary

The extracts presented in this section show participants' discourse where self is referred to *not* as a reflection of the contents of their thinking. This talk suggests a conceptualisation of self as 'more than' or 'other than' that which the mind constructs as reality or self. Participants talk of 'being with' and tolerating better, feelings that they experience. And finally, where participants talk of their body it is with increased awareness and attention to the body. This shift in the ontological perspective of self that mindfulness training offers appears useful for these participants. The following section presents participants' discourse

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<sup>14</sup> Author's italics.

where the ontology, or nature of reality, is of an acceptance of all of one's experience, in the 'here and now' rather than a conceptualisation of reality where this experience must be rejected, adapted to or changed.

### **2.1b Acceptance - not adaptation and change**

The practice of acceptance of whatever is in a person's awareness is a mainstay of mindfulness training. Hayes et al. (1999) suggest that acceptance (as used in ACT) involves two distinct ideas:

Acceptance involves an abandonment of dysfunctional change agendas and an active process of feeling feelings as feelings, thinking thoughts as thoughts, remembering memories as memories, and so on (p.77).

In the present research I distinguish two themes in participants' discourse. The first is a discourse that reflects a re-construction of the meaning of 'self' (of thoughts, feelings and bodily sensations) *not* as reflections of self, but simply as events to be noticed. The second is discourse of a developing stance of acceptance toward experience rather than implementing "dysfunctional change agendas" (Hayes et al., 1999). As presented in Part 1 above, some participants talk of a need to be rational, autonomous, non-emotional and in control. Of course this is not always problematic, but in the dominant discourse on stress (e.g., Lazarus & Folkman, 1984) a 'self' not in control is often viewed as dysfunctional. This 'dysfunctionality' is viewed as the 'cause' of their stress. For example, in Langer's model mindfulness helps "control reality by identifying several possible perspectives from which any situation may be viewed" (1997, p.110). Control of one's environment is often valued over the idea that strength, resiliency and new knowledge can result from situations where one is essentially not 'in control'.

Participants' discourse here shows a change from the dualistic, 'cause and effect', and 'rational self' rules discourse evident in Part 1. With mindfulness the participants' talk suggests they are developing the discourse of an 'observing or transcendent' self (Hayes, et al., 1999) where they can notice the judgment of events as 'causing stress' or 'good-self' and 'bad-self'. In the mindfulness literature this is the "ability to describe [experience], act with awareness, not judge, not react and observe" (Baer et al., 2006, p.42). Rather than talk of 'getting control' over situations, people and events, participants' talk changes to *accepting what is here and now*. I suggest that this discourse points to the notion of self as separate from stress and so they talk less of needing to 'be in control'. This results in more positive talk of stressful events and in Brown and Ryan's (2004) terms "an important self-regulatory



function” (p.843). The notion of ‘transcendent’ or ‘observer’ self, however, is not without its problems and is discussed further in Chapter 6.

Mindfulness and acceptance-based approaches often occur interchangeably in the literature. As stated above, Hayes et al. (1999) view acceptance as “abandonment of dysfunctional change agendas” as well as the process of “feeling feelings as feelings, thinking thoughts as thoughts, remembering memories as memories, and so on” (p.77). The results of the present study suggest that mindfulness training contributes to a changed construction of ‘I’ or self away from a discursive connection to thoughts, feelings, and bodily sensations. I theorize that it is the ontological nature of self as mechanistic, rationalistic and individualistic that can account for participants’ stress-discourse as disempowered (discussed further in Chapter 6). The first two extracts below show a discourse of acceptance and attending to present moment experience.

Extract 85, Jackie, w2, 5.

Notice in myself that there is a stronger sense of acceptance of how things are, letting go – just as in not forcing the breath in or out – but mindful of it happening and deepening with a focus...the key to this was I remained open to the actual outcome/solution (not fixed or set).

Extract 86, Vicki, w4.

However, I found that being mindful – ie- just attending to what I needed to and not getting too involved or reacting ↓ my stress levels.

In extract 85 Jackie talks of acceptance and of “letting go” and connects this to breathing; like her breathing, things are *just as they are*. In earlier diary entries Jackie talks about stress being due to her partner’s attitude and actions (extract 31) which appeared to suggest that only a change in his attitude would lower her stress. However, by adopting a stance of acceptance Jackie, like other participants, is beginning to change the idea of what constitutes stress. As she learns “acceptance of how things are” her reactions to her partner change and in the process previously stressful experiences are changed. His attitude did not need to be what she thought it should be; she was able to notice and let go of thoughts of expectations. As suggested above, it is this notion of changing thoughts that may make mindfulness attractive to psychology. It is a notion that fits with internalizing and externalizing theories of psychology. It is a useful approach, however it may be that mindfulness is and is not this. Research is necessary from multiple perspectives to expand understanding in this area.

In Part 1 Vicki talks of becoming ‘caught up’ in her thinking, she talks of seeing her thoughts as true representations of her self (see extract 47 where she talks of being seen as rude and disorganized, a ‘bad’ self). In extract 86 she talks of “just attending” and not connecting what is happening with her idea of her ‘self’, and stress is lowered. The two extracts below show participants’ discourse of accepting difficult thoughts and feelings rather than avoiding or rejecting them.

Extract 87, Alex, w3.

Have had a successful sitting meditation, feel calm, relaxed. Decided it was because it was my choice to do it. Am now over the “this isn’t how I’ve always done things”. Meditation [previously] is as something I do to clear my head get breathing space, relax. I can relax with things (thoughts) floating around in my head.

Extract 88, Vicki, w4.

I wasn’t too pleased with this painful reminder of my marriage break-up but attended to having a pleasant Sunday afternoon. I thought the choices I had – accept and move on, or become depressed and ruminate. I chose the former—being mindfully aware of acceptance/non-attachment.

In extract 87 Alex talks of accepting a different way of meditating and noticing the thoughts that occupy her mind. As presented earlier, meditation had been a way for her to ‘block out’ uncomfortable thoughts and feelings, and, understandably, she was very attached to this solution to stress. Letting go of this idea and solution to stress was very difficult to contemplate. Alex’s discourse reflects the majority of participants who completed the training and suggests that an acceptance-stance toward thoughts and feelings was generally useful. Rather than block difficult thoughts and feelings to relax as she had once done, Alex talks of accepting them as ‘just thoughts and feelings’. I theorize that it is this conceptual separation of Alex’s ‘self’ from the contents of her ‘mind’ that is an important part of her newfound ability to relax with thoughts “floating around in [her] head”.

In extract 88 Vicki talks of accepting the “painful reminder of [her] marriage break-up” and in doing so has choice (or is empowered). Vicki is no longer the victim of, or powerless in, the face of her negative thoughts and feelings.

In the extract below Kate talks of noticing the thoughts, feelings and bodily sensations that occur during an unpleasant experience. Similarly, for a number of participants, noticing experiences as ‘not true’ and ‘not self’ is powerful for Kate as she is able to notice and accept the behaviours of those around her with ‘fascination’ rather than fear or stress.

Extract 89, Kate, w4.

I've really noticed how mindfulness has paid off. Today my father, all of a sudden behaved like he used to when I was younger. He snapped at something and gave my mother a very intimidating/angry look. In the past I would have been very scared – like my 'kid-self'. As it happened, I was surprised. At an instant I felt my 'kid self' wanting to deal with the situation. My eyes became very alert, eyebrows raised, I breathed in, I felt tension in my chest, I felt scared, threatened. This all happened within half a second. But then I just observed him, my father and realized that this is happening outside of me and he is the one with the problem. I then became very relaxed in an instant. Still a bit touchy though. And I was standing there now in a state of fascination with the behaviour of those around me!

Kate talks about her experience of her feelings, thoughts and bodily sensations as separate to her 'self', in fact as part of her 'kid self'. Like Kate, many participants who complete the training talk about noticing thoughts, feelings and reactions and of accepting what had previously been stressful situations. At the same time their discourse of self as disempowered is reduced. I believe that such talk is reflective of a changed relationship participants have to their socially constructed notion of self. Kate talks of feelings, thoughts and sensations in this context as being "scared - like my 'kid self'". The implication is that Kate is now observing from 'another self', an 'observing self' who appears freer to choose how to respond.

This discourse suggests that Kate moves from 'overwhelmed and powerless', a view of self as disempowered, to one that believes she can "deal with the situation". This talk of a 'distance' perspective to difficult thoughts often coincides with less 'victim' discourse, less talk of being 'caught up' in stressful encounters and blaming others and self. Kate does not talk of needing to control her father or the situation. She accepts that this is occurring and at the same time she talks of becoming "very relaxed in an instant".

Acceptance is not, for these participants, 'liking it or lumping it', but one part of a complex human encounter. Acceptance, in mindfulness terms, is not meant to imply another form of passivity but an active acknowledgement of 'how things are' in the process of moving toward healing and change. However, it may be that mindfulness has become synonymous with other change-oriented interventions. In medicine, psychology and workplaces mindfulness has at times been used as another 'tool to remedy' stress and illness. In trying to avoid pain and suffering – our own and others – acceptance of "what is" can be difficult. The results of this study suggest that the notion of acceptance, like other Buddhist philosophical foundations of mindfulness, is a complex idea that requires further consideration in the mindfulness area.

## Summary

In this section we have seen how the re-construction of the notion of self as *not* a reflection of one's thoughts, feelings and bodily sensations is useful in reducing discourse of self as disempowered. Participants separated, discursively, their thoughts, feelings and sensations from their notion of their 'self' and in so doing talked of greater choice in the way they respond to stress. Thus, participants' discourse in these extracts shifts from overwhelm, powerlessness and a 'victim' self to talk of *being* active agents. We have seen how the concept of acceptance of all of one's experience in the 'here and now' also results in a discourse of self as 'empowered'. With these findings I suggest it is the re-construction of the notion of self away from a dominant discourse of a 'rational self' that is one reason for the success of mindfulness training for these participants at this time.

### *2.2 Outcomes of Mindfulness Training*

Participants also talk of greater calmness, increased relaxation, and of becoming more aware of their own reactions. As stated above, many participants came to talk about their body with more kindness and gentleness. They talk of being less reactive and overwhelmed, of attaining a sense of distance to distress and of coping with life with more equanimity. A number of participants talk of an increased sense of well-being and of finding balance. Many report that these changes bring good outcomes, e.g., better time management, better health, and more care for oneself and others. Evelyn's discourse in the following extract suggests many of these outcomes.

Extract 90, Evelyn, w4, 5.

I feel consistently more calm and relaxed / I am becoming increasingly aware of my body and its reactions. I am moving more into my body when I choose to do so. I am starting to become more attentive to its needs / I am becoming more attentive to 'watching' my reactions (body and mind) as opposed to being captured or overwhelmed by them / I am more philosophical in the face of challenges, e.g., my daughter's miscarriage / I feel more in balance, regarding mind, body and spirit, which has resulted in an increased sense of well-being / I am less resistant to the acceptance of unwanted events and situations that I cannot control in my life, e.g., my sister's rejection of me / I am getting better at prioritizing time in order to promote holistic health...as well as acting on these priorities by ensuring that daily rituals regarding exercise and meditation are adhered to / I am also more gentle and accepting of my behaviour when I do not live up to my own expectations, e.g., completing daily rituals / I have an increasing sense that there is adequate time for everything that I choose to do / the belief I hold that "everything is in its right place at any given moment" is being constantly reinforced.

In the following sub-themes I present extracts from participants who talk of mindfulness training positively. These extracts indicate that, for a number of participants, mindfulness is

useful and show as it were ‘the practice in practice’. I indicate where participants’ discourse suggests a changed ontology of self which is, I suggest, an important aspect of how mindfulness training was useful. Participants talk of calmness and peace (2.2a), insight, awareness and creativity (2.2b) and a sense of more time and space (2.2c).

### **2.2a Calmness and Peace**

The following extracts show participant’s talk of calmness and peace which they connect to the practice of mindfulness. They talk of improved sleep, less chaos, feeling less ‘strung up’, and experiencing ‘no mind’. The extracts below are of discourse showing that participants are sleeping better.

Extract 91, Charlotte, w3, 4.

My bed hardly needs making!! Usually it looks like a bird’s nest!...my bed is always ‘wrecked’ in the mornings as I am a very restless sleeper normally.

Extract 92, Diane, w6.

Am finding I’m sleeping much better after a couple of sessions with the (*meditation*) tape in a day. A Good feeling.

Extract 93, Anne, w4.

I experienced moments of panic and my mind went blank, but much of the time I felt relaxed and serene. It may be due to last night’s group, and doing those tapes. I have also been sleeping better.

In the extract below Alex talks of “harmony, a peacefulness” and how this helps her sleep.

Extract 94, Alex, w1, 3.

Had best night’s sleep felt absolutely awesome...This whole thing of being mindful is creating a harmony, a peacefulness. I still notice that there are still things that are stressful but they seem to be but moments. I’m not so determined to hold on to them to grab them to try and stuff them into my life. There seems to be less bedlam, more calmness. A deepness, definitely I am more content.

Alex talks of peacefulness resulting from not ‘holding on’ to stressful moments; she talks of ‘letting them go’ rather than feeling forced to “stuff them into [her] life”. This discourse indicates to me a change away from a ‘rational self’ discourse. She talks of ‘letting go’ rather than ‘holding on’ and not ‘grabbing’ the good moments and ‘stuffing’ them into her day. This appears to me to suggest that Alex does not need to control all aspects of her experience or insist on outcomes being what she wants them to be. As she talks of more calmness and

contentment it appears that this is a useful approach to her experience. In the extract below Grace talks about an inner quiet, renewed energy, creative output and feeling less ‘strung up’.

Extract 95, Grace, w1, 3.

Definite feeling of restoration after tape tonight despite sense of weariness before it...Took time to breath (and centre) during (work) preparation and was aware of a sense of renewed energy and creative output → was that placebo or mind-over-matter because of expectation – or a benefit of previous exercises?... (*Daughter*) phoned from U.K in last 5min of tape and asked why I sounded “so calm” when I hadn’t been asleep yet? i.e. “it’s the end of the day and mum’s usually wound up!” Good comment and reflected on sense of inner quiet after her call...Good session at group tonight – sometimes wonder (fleetingly) whether I’m doing this correctly but I certainly feel less strung up so don’t feel the need to ensure my practice of “mindfulness” is perfect – the outcome is a ‘good enough’ feel for me.

Grace talks of restoration, despite weariness, renewed energy and creative output (links 2.2b, insight, awareness and creativity), and about not needing to ensure her “practice of mindfulness is perfect”. Grace appears to be beginning to view her thoughts and feelings as thoughts and feelings, and experiences a “good enough” outcome from her practice. This discourse reflects a shift from ‘rational self’ rules with the expectation of perfection. In the extract below, Clare’s discourse suggests she has found some resolution or peace.

Extract 96, Clare, w3.

Have been assuming that my mind racing was never going to ease – that I would not be able to meditate because I am someone with a racing mind and I love it – I love pondering, contemplating/processing – I see it as a plus in my life and consider that I have an active imagination. The attention focus/meditation exercises had made me think that the price to pay for this was not ever having a non-racing mind even when I wanted one – its all or all – racing all the time – or a gentle mind all the time. I had come to accept this – albeit reluctantly but now I am wondering about this – maybe I can mind race when I want to and learn to mind empty when I want to as well.

Clare’s discourse shows a change from ‘I am someone with a racing mind’ to a ‘distanced’ concept of self (e.g., my mind races). When she writes “I am wondering about this – maybe I can mind race when I want to *and* learn to mind empty when I want to as well” her discourse reflects a shift in how she understands her self. The ‘racing mind’ is no longer an inherent aspect of her self but something her mind does. She now appears to view the contents or activity of her mind/thoughts *not* as her self.

This discourse of ‘I can’ mind-race implies agency and empowerment, a discourse of perhaps ‘I can equally *not* mind-race, I will choose’, whereas ‘I am someone with a racing mind’ implies victimhood; there is nothing that can be done about it; this is *who* ‘I am’. That she can ponder on having a racing mind and a gentle mind “when I want to” shows again, I

suggest, this shift from an ‘either/or’ to an ‘and-both’ strategy. This talk is not dualistic and reductionist and could indicate that Clare’s discourse has changed from a ‘rational self’ construct. In the sub-theme below participants talk of gaining insight, awareness and creativity and they connect this to mindfulness training.

## **2.2b Insight, Awareness and Creativity**

A number of participants who complete the mindfulness training talk of an ‘observer or distanced’ self. It appears from the extracts below that this new perspective helps them to view their experience with greater insight, awareness, and creativity. In Part 1 participants’ discourse on thoughts and feelings suggests they appear ‘real’ and as representations of a ‘true objective self’ and ‘reality’. In section 2.1b acceptance (above), Kate (extract 89) talked of a ‘kid-self’ in relation to a family interaction and ‘observed’ the behaviours of others without reacting. Similarly to a number of extracts above, she then uses this insight and awareness to respond creatively. In the extracts below Vicki and Grace also talk of increased awareness.

Extract 97, Vicki, w4.

I’ve certainly been more aware how rushed my life can get and of the negative messages I tell myself.... I tried not to react to my daughter’s negativity as she was over-tired with “All Black” celebrations the previous evening. I could see how she could perceive me as “controlling” – wanting things done in my time (e.g. – her turn to vacuum the house). I think I was less reactive than usual and wonder recently if my hormonal cycle is affecting my moods/reactions more on some days with the recent commencement of menopausal treatment.

Extract 98, Grace, w4.

Still find myself amazed at the number of people who pin their faith on the chemical cure – even when it only was a ‘behaviour control’ factor. Aware that I spend a lot of “my” time reflecting on work! Will try to close the door on the clinical day as I leave and ‘breathe’ when I become aware of intruding work thoughts...quite a tall order perhaps!

Vicki talks (extract 97) of an awareness of “how rushed my life can get and of the negative messages I tell myself”. Her talk suggests that she now views particular thoughts as “negative messages I tell myself” rather than as thoughts that reflect a *truth* contained in the negative messages ‘about herself’. The notion that thoughts reflect accurate representations of the world *out there* is changed to a new perspective on thoughts and self. Vicki’s discourse appears to reflect power and agency as she is then in a position to change how rushed and busy her life is and/or the negative messages she tells herself. Simply *noticing* that she ‘is telling herself’ these thoughts may be enough to reduce her feelings of stress and

thoughts of disempowerment. It may be that this sense of agency and in the fact that she is not talking of her self as a 'victim' (see Part 1) and this reduces her stress.

Two themes prominent in the stress literature appear in this discourse. These are the notions that 'life is rushed and busy' and that negative thoughts 'cause' stress. The extract above is an example of how participants found it useful to conceptualize experience using the discourses of cognitive psychology and stress reduction/management (see Chapter 1). It points to the usefulness of mindfulness as a technique or 'tool' in the cognitive psychology arsenal. The growth of mindfulness approaches has generally been in the area of cognitive and clinical psychology as evidenced in the literature reviewed in Chapter 2. However, caution is warranted, as suggested by Westen and Morrison's (2002) meta-analysis of 'manualized' psychotherapies (i.e., cognitive-behavioural therapies) for depression, panic disorder, and generalized anxiety disorder (GAD). In this study improvement was not maintained at meaningful follow-up intervals for the treatment of depression and GAD using 'manualized' psychotherapies.

In extract 97 Vicki talks of insight. Her daughter has been out late at night which explains her daughter's bad mood. Vicki sees how her daughter might see her as controlling. I suggest this reflects a notion of empowerment rather than victimhood. Vicki includes other reasons for her daughter's behaviour and can see how others might perceive her own behaviour and at the same time she is not talking of herself as 'bad'. Previous extracts, in Part 1, show how Vicki talks of her daughter's moods as "annoying" (extract 11) and she sees herself as a victim to her daughter (and/or her moods) because they leave her feeling stressed. The discourse following mindfulness training I believe reflects a changed version of self where Vicki is not powerless or a victim and she understands the impact her behaviour on others differently.

In the next extract Grace talks (extract 98) of becoming more aware of 'intrusive thoughts' about work. She talks of trying to "close the door" on them. This talk reflects 'rational self' rules, that is, 'if something causes stress I can avoid or remove it'. This discourse implements a mechanistic and rational approach to make meaning of experience. Grace appears to view her thoughts as 'something alien or external' that disrupt 'the machinery' of her self. She does talk, however, of becoming aware of the effort this "tall order" takes and of the difficulty of 'closing the door' on unwanted thoughts. As shown above (1.2a) removing or avoiding thoughts as a solution to stress has mixed results for some participants.



Kate and Grace's discourse below reflects awareness and insight as they talk of accepting their inner experiences "whatever state it may be in". This talk reflects a discursive shift to an 'observer' or 'distance' perspective.

Extract 99, Kate, w1,3.

Being mindful today has allowed me to be in an observer position. I can take a stance where I'm "in this world but not a part of it". I can let things go and realize a lot sooner that things that are outside of my control are indeed outside my control...I'm noticing my ability to be mindful is happening more often, more deeper and in more difficult situations...It helped me (mindfulness practice) to put the scattered images in order, gain some clarity and be with myself... I have grown a fascination for my own inner process whatever state it may be in (pleasant or unpleasant).

Extract 100, Grace, w4.

Focus on thoughts today led to a "cameo" of last 30 years – all so fast in retrospect but so full...also noticed that as the cameo and thoughts passed it was like the actual experience...couldn't be held onto because there were others edging it out to take its place - life, like thoughts, move on – constantly...also noticed an "active spectator" aspect to my observation.

Not only do participants talk of an 'observer' position or self in these extracts but they also allude to acceptance (2.1b). Kate talks of accepting that some things are outside of her control which, I suggest, is a conceptual move away from 'rational self' rules of being 'in control' and she finds this useful. She talks of realizing sooner the things she cannot control, putting scattered images in order and gaining clarity. Because Kate had trained previously in mindfulness she talks of an 'observer' stance early in her diaries. Rather than see an 'inner process' as right or wrong (thereby implementing 'rational self' rules) with mindfulness she talks of simply accepting *this is how it is*.

The observer self or detached/distanced perspective can be in service of avoiding or removing unwanted experiences. And, in common with stress reduction techniques, this is not inherently 'bad and wrong'. Thought stopping, distraction, controlling chaotic situations, medication, meditation and other stress reduction strategies can be useful and appropriate responses to stress and illness. However, I conclude here that further research is needed to understand mindfulness training in the West.

Grace talks of memories not being "held onto" as others come and take their place. She appears to view her memories and thoughts simply as memories and thoughts; she is not lost in or reacting to them. The "active spectator" perspective appears to be how she is able to see

her memories and thoughts in this way. The sense of this “active spectator,” which one gets from Grace’s talk, is of an empowered view of her self as she talks of ‘watching’ her life. The thoughts are *like* the actual experience but are *not* the actual experience. This is a useful and important distinction and may suggest how this might be useful for clients who experience posttraumatic stress symptoms (e.g., flashbacks, nightmares, intrusive memories). This talk can be compared to Alex’s in extract 76 with the pushy, salesman where her experience of him parallels and triggers her past. It also compares to Mary’s below (Part 3.1) where she talks of being so ‘caught up’ in memories and thoughts of childhood sexual abuse that she has to leave mindfulness training.

In the extract below Joan gains insight into how Western social constructs of “independence and individualism” have contributed to her experiences of stress.

Extract 101, Joan, w3.

Only fleeting moment of experiencing unhelpful stress today. It was quickly renamed as a problem that could be solved by enlisting the support of family and a friend. I am thinking that stress sometimes moves to the unhelpful realm when I am captured by ideas of independence and individualism. Remembering that I cannot be human alone supports me to ask for support or share a problem with someone.

Kugelmann (1992) states that “in the ideological background of stress lies the assumption of an essentially asocial atomistic individual” (p.21-1) and in the above extract Joan appears to view her experience of stress in this way. Joan talks of developing awareness and insight through mindfulness and this helps her to be more creative in her responses to difficult situations. Although she says that accessing social support is positive, I suggest that her experience remains framed in an essentially isolated and individualistic notion of self. She approaches her family for support of her ‘individual self’ (i.e., to know better her own thoughts and feelings) rather than, as Durie (1989) describes in Chapter 2, to gain knowledge through her relationship with this wider system where her self would be more than simply her individual thoughts and feelings.

It is unclear in this extract whether Joan attributes the reduced stress to mindfulness or the practice of ‘renaming’ stress (as Narrative Therapy suggests). It may be that the practice of mindfulness makes it easier for participants to be creative about how they view stress. In the next sub-theme participants’ discourse connects a greater sense of time and space to the practice of mindfulness.

## 2.2c Time and Space

In the extracts below participants' talk of a changed sense of time and/or space as they participate in the mindfulness training. This talk is particularly interesting because it is in direct contrast to that of being, rushed, busy, overwhelmed and powerless when stressed (the primary theme presented in Part 1).

The philosopher Kant suggested that time and space are essentially social constructions which, like 'cause and effect' (causal) thinking, help people make sense of their world (Mossner, 1969). They are a form of 'social agreement' about how people understand, hold in memory and communicate their experience. Over time however, these concepts have become 'real' and people can react in automatic or habitual ways. The extracts below show that as participants learn mindfulness they talk of experiencing time and space differently. This might suggest that in being more mindful they are not reacting to the automatic thought habits (or global social constructions) about the nature of reality (this discourse goes something like 'everyone is stressed and busy, no-one has any time anymore, not like the old days'). In the first extract below Charlotte talks about having more space and yet nothing has changed in 'reality'.

Extract 102, Charlotte, w1, 2.

Enjoyed the relaxation session last night...Found myself feeling better in my body – not so many aches and pains. Seemed to achieve a lot before I went to work and was surprised to see that I left the house at 7.30 feeling like I had heaps of time...I noticed I was not as tired as I usually am. Was it the company? Was it the relaxation? Is it the mindfulness? Watch this space!...I seem to be able to take more space for myself at present which feels good. Cooked, ate, rested and slept really well... Not so tired – my body and mind are not as busy busy so there is more space around to move through the day. Time has definitely expanded and I am much more confident of getting everything done – it helps that we are under much less pressure at work right now, so there is time to reflect, evaluate and plan ahead for the first time since I started this job...I am noticing that I am far less concerned with what I am not managing to do...I feel calmer and more in control. I am surprised at how much more time I have in my day since I can resist 'busyness' and practice 'mindfulness'. I guess I am just more relaxed and in a more mellow space.

While Charlotte talks of feeling calmer and more in control, she appears to have achieved this without changing anything external. As she talks of being less reactive she appears to shift her understanding of the concept of time (e.g., taking more space for herself, less concerned with what she's not managing to do). The result is that she talks of more energy and more space. It may be that rather than be disempowered by the expectations of herself and others, Charlotte notices and can *let go* of these thoughts of expectation and so experiences herself as calmer and more in control and as a self with power.

As discussed above the majority of participants' discourse is of overwhelm and powerlessness, and of 'being a disempowered self', as the primary experience of stress. I theorize that training participants to *notice* their breath, *notice* thoughts and feelings, to accept these experiences and not to react to them has a major impact on the way they then view their everyday experience as well as how they see themselves. Rather than 'being caught up' in thoughts and feelings participants can, metaphorically, remove the 'self' from the contents of thoughts and feelings and therefore 'make room'. This theme is reflective of Tart's (1994) assertion that being mindful leads one to "develop a wider psychological space to live in and greater satisfaction in all areas of life" (see Chapter 2).

Prior to mindfulness training participants talk of thoughts and feelings as though they are 'reality' and believe them to be the 'truth'. This talk gives one a sense of their being 'immersed' in their experience. In the dominant discourses the concept of self suggests that 'I think therefore I am, I am my thoughts, my thoughts constitute myself, and I am the contents of my thinking'...this is who I am'. With mindfulness training participants conceptually distance themselves from thoughts and feelings (as *passing events in their field of consciousness*) and results in less stress discourse of self as disempowered. I theorize that the participants' notions of self change in mindfulness training from 'I am my thoughts' to 'my thoughts and feelings are just my thoughts and feelings'. This, I believe, allows participants to view themselves as an 'observer self' and one who has a greater capacity to choose among various responses. Although this concept is in need of further exploration, here it can be seen to be useful.

In the extract below, Anne talks about the difference between what is possible "when I am highly stressed" and when in a "relaxed state".

Extract 103, Anne, w1, 3, 4.

I have observed that when I am highly stressed I worry about everything and anything. When I am in a relaxed state I can rationalize things mentally and not worry so much...Funny enough, I feel quite relaxed about the whole thing (*exam*). I feel that since doing those tapes my memory has improved. So what I have revised I can remember! Well we shall see on Wednesday, will be great when it is over. But then I will find something else to fret about...I experienced moments of panic and my mind went blank, but much of the time I felt relaxed and serene. It may be due to last night's group, and doing those tapes. I have also been sleeping better.

Anne describes a common outcome for participants: feeling 'relaxed' with mindfulness practice. We could theorize that 'relaxed' in this instance is similar to what others term the 'distanced' perspective and resulting awareness. Anne writes of being able to "rationalize

things mentally” using rationalist conceptualisations to describe her experience. Mindfulness practice and teachings are introduced amid a strong set of existing social values. Anne talks of becoming ‘caught up’ again (i.e., “I will find something else to fret about”) in her thoughts and this is not unexpected. In mindfulness training the mind is conceptualized as a ‘wandering mind’ (or ‘monkey mind’) where the practice is to return attention to ‘noticing’ the mind (a constantly circular process).

### **Summary**

The outcomes of mindfulness training according to a number of participants’ reports are that they feel more calmness and peace, have more insight, awareness and creativity and experience a greater sense of time and space. In the discourse there is a move away from the ‘rational self’ rules that are evident in Part 1. In the following section I present extracts from participants who did not finish the mindfulness training to further triangulate the findings.

### **Part 3 Non-finishers**

In this section I present extracts from emails of participants who withdrew from the training. Over the course of the six week programme, participant numbers dropped progressively (weeks 1-6: 28, 26, 22, 18, 20, 18, and 17). Not all participants responded to my request for information about their reasons for leaving; discourse from those who did are presented below. Comparing this discourse to that of finishers shows that the ‘rational self’ rules evident in earlier weeks has not changed. And that a disempowered version of self still exists in their discourse. Non-finishers often speak of terminating their involvement in the training as one way of reducing their already high levels of stress.

I present at the end of this section extracts from one participant interview. These extracts suggest that Mary retains a ‘rational self’ perspective which reflects a disempowered view of self and of her experience. When compared to the discourse of participants who finished (and practice), I conclude that for many participants the training results in a changed ontology of self. When self is re-constructed to ‘I am not my thoughts’, to notions of acceptance, emotional tolerance and an embodied self, the resulting discourse appears to contain an empowered view of self. In Lisa and Leslie’s emails below they talk of their reasons for leaving the mindfulness training.

Extract 104, Lisa, w4, email.

I apologize that I was not able to attend tonight's mindfulness session, including that of the one for last week. I had my (*unclear*) exam last week on Monday morning. The problem was that all of Sunday night I could not sleep because of feeling stressed and anxious about the exam. On Monday night I also had trouble sleeping because I had pushed my mind and body so much the night before. Thus by Tuesday evening, as soon as I completed work I fell asleep at home. I was completely exhausted. As for tonight, I am in (*unclear*) having a much needed holiday.

Extract 105, Leslie, w3, email.

Life has got busy for me since the second week of the course. I told you then that my Dad had had medical problems, and that has been ongoing and continues to be a concern. On top of that we have been supporting Mum and Dad selling their house and buying another, and that's all time consuming – and my priority just now. So my life has been on the run, and to get home, have dinner, phone mum and Dad and get out for 7pm has not been possible for me.

Lisa withdrew from the programme after attending two training sessions. In explaining why she is leaving, she talks (extract 104) of overwhelm and powerlessness and as a 'disempowered self' in regards to stress. She cannot sleep, is anxious, is completely exhausted and is having a much needed holiday. Lisa's talk suggests that the thoughts, feelings and body sensations ("completely exhausted" might also suggest body senses) are 'the truth' about her situation. This talk suggests that her thoughts are reality, "I think therefore I am" to quote Descartes.

It appears that Lisa views herself as disempowered in the exam experience and in how it 'makes' her feel. She talks of the exam as the cause of her stress (1.1c) and of her feelings (stress, anxiety) as problematic, where 'bad' feelings are 'the problem/cause of stress' and should be avoided or removed (1.2b). As the stress is removed she can enjoy a "much needed holiday". This talk links to category 1.2c where talk of the solution to stress is to avoid or remove the situation or experience. Here again is a reference to eliminating work as a remedy for stress (discussed further in Chapter 6).

In extract 105 Lesley who attends the first two sessions, has similar reasons for leaving. Her talk suggests she is overwhelmed and powerless; as a 'self' she is disempowered in regards to the stress her life causes (e.g., "life has got busy for me"). It appears from her talk that life is the problem; it causes busyness which links to 1.1a – there is too much to do and not enough time – and to 1.1c – others cause stress (e.g., her father's medical problems, supporting her parents to sell their house). This talk also links to 1.1d where participants appear to view themselves as having to meet others' demands and needs. I do not suggest that Leslie is

wrong to worry about and support her parents but that her talk suggests to me she views herself as powerless and disempowered when she describes stress in this way.

Social support is a prolific area in mainstream stress research (see Chapter 2). It may be that as social support is viewed in this way it conceptualizes people as ‘victims’, as disempowered selves in regards stress (for both supporter and supportee). Finally, as Lesley writes that this is all “time consuming” and “is not possible for me” there are links to 1.1a (too much to do and not enough time). Her solution appears to be that as another commitment does not fit into her already busy life she will remove or avoid the situation or experience (1.2c) (i.e., the mindfulness training and research). In extract 106 below Jill talks of her experience of the mindfulness training that she received through attendance at weeks one, two and four.

Extract 106, Jill, email, w6.

Apologies for not making it the other night. A combination of baby sitting glitch and (*partner's work*) ... meant that at the last minute neither of us could come. I can really only speak for myself with regard to how mindfulness has been. It is something that I aspire to but have decided that is not possible at this time in my life. I am aware of all the arguments about making time for self etc but essentially I have one hour in the day in which to do everything that needs to be done to look after the house and myself. I only work a couple of days a week but that is my time off from the kids. Sounds ridiculous I know but you may have noticed from my diary that my children are very young, very demanding and my greatest source of stress (and do not yet give us peace at night so it is not a matter of getting up 1/2 hour earlier etc as usually we already are up! 5.30am this morning). We currently also have the complication of traveling to (*another town*) for 4 days every two weeks to be with (*a relative*) who is very ill. I would very much like to have more presence of mind and to be able to process situations somewhat less reactively but for me at the moment the little bit of time that I do manage to squeeze into the day for me is better spent phoning a friend, or doing a bit of exercise - or a few minutes of housework. The actual mindfulness practice was for me very difficult.

In Jill's talk about her experiences of mindfulness training there is I believe a sense of overwhelm and powerlessness. In trying to get to the session a “baby sitting glitch” and her partner's work cause her to miss the session. It is unclear whether she sees this as stressful but talks of these situations as the cause of her not attending (links 1.1c others' cause stress). In her talk that mindfulness training is “not possible at this time in my life” we find a view of a ‘disempowered self’. Jill talks of aspiring to mindfulness but has decided “that is not possible” for many reasons. She says that “essentially I have one hour in the day in which to do everything that needs to be done to look after the house and myself” (links 1.1a too much to do and not enough time). This reflects, I suggest, a rationalist notion that there is a limited amount of time to do a prescribed number of tasks. This is not to imply that she is wrong or that this is not her experience. The programme and diaries did require a great deal of people's time and energy.

There is an individualistic focus to Jill's talk. Although she talks of her children it is in regards to having to meet their needs and demands (1.1d). Her talk suggests she is ultimately alone as she experiences stress. She says her "children are very young, very demanding and my greatest source of stress". In this discourse she appears to conceptualize them as 'bad and wrong' (1.3b) and she *has* to meet their demands (1.1d). Again this is not implying Jill is wrong. I suggest that her discourse reinforces the argument that she views herself as disempowered as she attempts to convey her difficulties with stress. Jill, like Leslie (above), has an ill relative whom she supports and this takes up valuable time in her already busy and hectic schedule (1.1a). Although Jill talks of desiring more presence of mind and less reactivity this rationalistic view of self and world means that she must wait for enough time to *import* mindfulness. With what little amount of time she does have, which she squeezes into her day, she calls a friend (perhaps accessing social support), exercises or does housework (links 1.1a too much to do and not enough time).

Similar to Lara (extract 38) and many other participants, Jill talks of finding extra time but then fills that time with yet another task. We find here the 'rational self' discourse commonplace in the talk of stress in Part 1. This discourse suggests a view of self and world where more time, energy and resources are required before stress can be reduced. The solutions to stress, in the present study, then involve the removal or avoidance of aspects of one's internal or external world and result in talk of a 'disempowered self'. Jill's discourse suggests that she did not come to see her 'thoughts and feelings as thoughts and feelings' (and therefore not truths about reality) nor does she come to accept her experience 'as it is, here and now'. She says "the actual mindfulness practice was for me very difficult".

Extract 107, Jill, email, w6.

One of the reasons I wanted to do this training was that I was aware of how unstill my mind was - even when my body was still, and how this made focusing on important things (intimacy for example) difficult. My mind is always trying to get a head start on things. So what I understand mindfulness as being is what I would like to achieve but it will be necessary for me to work on first creating the time that it deserves. I guess it is fair to say that I expected something a bit more in depth from the course - impossible I know with such a large group. I did not actually find it particularly useful to spend an hour hearing about other people's experience with their tapes. Important for the research though. If I can help further to define those out there who 'fail' to engage with the training - let me know.

Many participants talk of noticing their 'unstill mind' and may be one reason many people are drawn to mindfulness practices. In my experience many people see this as a difficulty of the



practice. Many of the positive outcomes of mindfulness practice identified in participants' discourse here relate to a change in their experience of their mind (see Clare's talk of her 'racing mind' in extract 96). Jill's talk that her mind "is always trying to get a head start on things" is I suggest, reflective of Western social values of control and productivity and where the intellectual is valued. In regards to mindfulness Jill talks of "work[ing] on first creating the time it deserves" and this is a common notion in participants' discourse on stress.

As suggested in the title of Kabat-Zinn's (1990) book *Full Catastrophe Living* (as well as the results of the present study) positive results can occur through implementing mindfulness training regardless of the amount or extent of time and stress. It is the practice of stopping in the midst of a rushed and busy life, and finding a silent place within oneself that can change the experience of stress.

Finally, Jill talks of blaming the training for not meeting her expectations; it appears that mindfulness training with more depth is preferable. This too is a rationalistic notion where her not engaging is the fault of the training and/or that because she did not engage this means that the training is too shallow (1.1c others' cause stress). Either way Jill does not get what she wants which is more presence of mind and to be less reactive. Yet she writes of her view that she 'failed to engage' with the training. Perhaps this talk suggests that she views her self as 'bad and wrong' (1.3a). I suggest that Jill's talk of leaving mindfulness training links to 1.2c where the avoidance of the situation or experience is a solution to stress and 1.2d where her expectations are that mindfulness training would 'take the stress away'. Either perspective would suggest that Jill views her self as disempowered and lacking agency as she experiences the stress of her life as well as the stress 'caused' by the mindfulness training. She appears, however, to gain agency in leaving, she can do something about this cause of stress.

Generally non-finishers continue to adopt 'rational self' approaches to their experience of stress. In this discourse one finds also a sense of a 'disempowered self'. I suggest here that an over-reliance on mechanistic, rationalistic and individualistic ideals is one explanation for the 'disempowered self' discourse evident in the stress-talk. The extracts above show that many of the themes in the core social process frequently occur in the stress discourse of non-finishers. One participant who attended the first session had terminal cancer. She told her friend (another participant) that sitting with her feelings was simply too much and she chose not to return. She died not very long afterwards. I believe there are thoughts, feelings and

body sensations that are actually too difficult to ‘be with here and now’. Mindfulness may not be as useful when it is viewed as a panacea.

I conclude that mindfulness teaches an alternative view of self, thoughts, feelings and body senses, than that offered in dominant discourses in the West. For some participants who are stressed this is simply too difficult to put into practice and my experience is that this is not contingent on intelligence level, socio-economic status or time. It may be an important research question to address - what does influence people to put mindfulness into practice? The final section below presents extracts from the interview with Mary. She attended two sessions before leaving the training.

### *3.1 Mary - mindfulness, stress and self*

In the extracts below many of the themes presented above in Part 1 recur. This section is intended to give the reader a sense of how the themes fit under situations of more extreme stress and across a greater time frame. The extracts show that Mary’s discourse, as in Part 1, is dominated by ‘rational self’ ideas and a disempowered view. This supports the finding that participants’ discourse shows a changed worldview or ontology of self with mindfulness training.

Mary talks of the stress of remembering childhood sexual abuse and her decision to exit the mindfulness training. In the first extract below she talks of the experience of stress as “a constant” and of feelings of “unease and disquiet”.

Extract 108, p.1.

There was such a high level of stress and there was such a lot of confusion going on that umm, it just seemed to be a constant ummm, that was it, it was just a constant, this very high stress, this very high feeling of unease and disquiet and what have you and it didn’t shift. It didn’t go down ummm, and it did go up...Yeah and trying to find something that I could hang on to that was firm and solid, ummm, this was me and all of this other stuff is just stuff going on that’s happening to me it’s not part of who I am, I am just ....but I just felt really lost in all this confusion.

In the above extract Mary’s talk suggests she is feeling overwhelmed and powerless in “trying to find something that [she] could hang on to that was firm and solid”. She says that the ‘lost’ and confusing feelings are part of “who I am”, this is her ‘self’. The feelings of “unease and disquiet” appear to be problematic as they “didn’t shift”. This links to 1.2b of experiencing difficult feelings as ‘the problem’ and where avoiding or removing them is a

solution to stress. Mary talks of her 'self as disempowered' when experiencing these memories and feelings of childhood sexual abuse. In this talk she does not separate her notion of 'self' from the thoughts/memories (i.e., 'I feel bad, I am bad') and is unable to tolerate these difficult emotions. In the dominant discourse it is usual to refer to one's relationship with thoughts and feelings (individualism) to understand experience. It may be that as 'bad feelings' mean a 'bad self' this limits the possibility of tolerating such suffering. However, accepting 'all of my experience here and now' (thoughts/memories, feelings, body sensations) is not possible for Mary. Later she talks of how it is initially useful to meditate and that it helps her with the memories of abuse, but then 'meditation becomes too difficult'.

This discourse suggests to me that Mary appears to view her experience as 'who I *feel* myself to be *is* who I am'. She appears to experience her self and her feelings as one and the same. And rationally, as she feels 'bad' remembering childhood sexual abuse, she experiences her 'self' as 'bad' (1.3a) and disempowered. That is, she *feels* lost therefore she *is* lost. The extract below appears to confirm this conclusion.

Extract 109, p.2.

DF - So what you are saying is that you lost often that sense of the 'middle' [i.e., a solid sense of self], and 'this is happening to me' became 'this is me'?

Mary - Yes, this is me, that is the way it felt and it didn't go up and it didn't go down, it was just constant.

In Mary's talk the feelings "didn't go up and it didn't go down" but remain constant. I believe she alludes here to solutions to her stress and suffering. This discourse suggests to me that she imagines that avoiding or removing these feelings will remedy her stress (1.2b). In the extract below she refers to my visit to her place of work to talk about the mindfulness research and training.

Extract 110, p.2.

You had come along and done that talk for us and I thought...Yes this is what I need this will really help me work through this stuff and I will become very mindful and aware of these things that are issues and by becoming aware of them, I will be able to work with them.

In this discourse Mary appears to see mindfulness as a 'tool' for dealing with stressful issues (i.e., childhood sexual abuse). The discourse shows her applying a mechanistic approach to her feelings, memories and thoughts and to her painful past. Mindfulness, it appears, will be

something she can use to 'fix' how she feels. In the extract below she talks of how she imagined this would be.

Extract 111, p.2.

Yeah, I had a feeling that I was going to be able to stand in the middle of this chaos, in a quiet space and look at all of this stuff that was going on, and in actual fact it started like that, initially, the first time or two that I went along, it was a little bit like that ummm. I think it was a couple of parallel processes going on, one was that I was becoming more aware, umm, and so, but at the same time I also think that the process that I was in, umm, which had been stirred up by the counselling that I was undergoing, was ramping up. Umm, so it became overwhelming but at the same time I was becoming more aware of it and I actually lost my sense of myself in that.

In extract 111 Mary's talk is of 'rational self' rules for coping with the stress of sexual abuse memories. She talks of wanting "to stand in the middle of this chaos, in a quiet space". This discourse suggests that becoming more aware *should* result in feeling better but in actuality her counselling makes her feel worse. As she becomes more aware with meditation she also feels worse and results in her feeling/being 'bad and wrong'. Consequently she experiences her self as 'bad and wrong' (1.3a), overwhelmed and powerless, a view of self as disempowered. As she becomes more aware and counselling 'stirs up' memories, the internal experiences that result are 'the problem' and cause stress (1.2a,b). Mary concludes "I was becoming more aware of it and I actually lost my sense of myself in that". As she experiences more and more difficult emotions and memories she talks of feeling overwhelmed and powerless and at the same time of losing a "sense of myself". In the extract below she describes this in more detail:

Extract 112, p.2.

Mary - It overwhelmed me, it, it, there was days when it was all I could do to get out of bed, shower and ... and then prepare food to eat, you know, just taking care of myself, just doing basics was really difficult. Umm, and so, to actually put a magnifying glass on that, is, it was actually too much.

Again we find talk of overwhelm, of barely tolerating the thoughts and feelings that she experiences. This talk is similar to participants' discourse in sub-category 1.1a, too much to do and not enough time. This discourse suggests that Mary experiences this acute stress in much the same way as participants with more chronic stress. That is, there is not enough space and time to do what needs to be done, "just taking care of myself, just doing basics was really difficult". Her stress (negative thoughts/memories and feelings) leaves no 'room' for her to do more than barely care for herself. This discourse also links to 1.1b where Mary talks of a sense of 'no control'.

I suggest that much of this talk reflects similar constructs in the dominant discourses on self and stress. As Mary talks of experiences, memories, thoughts and feelings that defy reason, she is compelled to reject these (what some would say, are appropriate) responses to childhood sexual abuse (e.g., fear, terror). In my experience as a counsellor this is common for people who experience childhood sexual abuse. As people remember abuse, often much of it does not make sense, they may have needed to forget, remove or avoid thinking about, and feeling, what was happening to them. Remembering painful experiences is very difficult especially when it is memories of a child's terror. Because what is remembered does not always fit with reason, the memories too may be rejected or avoided.

Mary's discourse appears to reflect individualistic values because she refers to her relationship to thoughts and feelings to gain an understanding of what she experiences. And so, as the memories, thoughts and feelings are negative she appears to interpret her 'self' as negative (1.3a). In the extract below Mary describes her stress in more detail.

Extract 113, p.3.

I can just describe how it felt, ummm, it felt like I had started a bit of a landslide, you know, and it was initially one pebble and then two pebbles and then three rolling down a hill. By the time I started doing that mindfulness thing there was a umm, there was a truckload of dirt rolling down the hill. Uhhh, that was fine I was able to get a bit of a look-see at that but by the time a couple of weeks had gone by, Ummm, that thing had escalated and half a mountain moving. And so, and I was lost in the middle of that landslide ummm and finding that with the mindfulness especially with the, it was a question there that brought it home to me [*the diary questions*]... what has triggered this, what would have been the result doing something differently, and I couldn't actually see, umm, I just couldn't see outside of this horrible place that I was in, umm, so I, there didn't appear to be triggers, there was no single cause, there was no single thing and I just... Yeah, it was just how it was and what could I change...and I am powerless to change anything at the moment and I am just going along for the ride and just keep my head above water, umm, was how it felt.

In this discourse stress is a "landslide", there is too much "dirt" and Mary talks of the "horrible place" in which she finds herself. Her talk is of distress at being unable to locate a single trigger, or cause, for her experience and she concludes "I am powerless to change anything at the moment". The discourse is of emotional *in*-tolerance, it is emotion, not reason, it is non-rational, and a search for a 'cause and effect' understanding. As the meaning of her experience cannot be understood in a rationalistic way it appears that Mary comes to understand her experience as 'wrong'. And so all she can do is go "along for the ride and just keep [her] head above water". In the extract below Mary talks of "huge emotion".

Extract 114, p.5.

There was a huge emotion around it as well, ummm, which umm, so I remember sitting down at my desk to do my daily diary umm, and thinking what the fuck am I doing, I can't remember what I am supposed to be doing with this, read back through the question, Oh yeah OK umm, and I was just about in tears at the thought of having to actually engage with this and do it and ummm, and so in the end I just, left it, the following day I had another go ummm, once again it was just, umm, it felt like I just wanted to burst into tears, I couldn't think and I was ummm, so I walked away from it again and by the third day it was just, I can't even catch up with this I am just, it's gone it's lost.

In this extract Mary connects the “huge emotion” to the fact that she cannot remember what she is doing as she tries to fill in her diaries and tears at even the “thought of having to actually engage”. The solution to this stress is to avoid the emotions (1.2b) and the situation she believes is the cause of her stress (1.2c) and ‘walk away’. She talks about this more below.

Extract 115, p.5, 6.

I am not sure that they were so much in relation to doing that, ummm, it, I think at that stage it could have been anything or just a demand that it was just too much and I was by that stage I was too emotional and there was such a lot of emotion going on ummm, the counseling had stirred things up to that extent. Ummm you know it needed to happen but it was just that it...yeah the timing was very poor...and I don't like feeling out of control. Well I guess nobody does ummm, and then being very emotional.

In the above extract Mary talks of the mindfulness training as another “demand [and] that it was just too much” (1.1a). This ‘cause and effect’ thinking would suggest that by removing ‘something’ from the situation then stress can be removed. Again her talk refers to her experience of being “too emotional” and links to sub-theme 1.3a where other participants also appear to view themselves as ‘bad and wrong’ in the presence of distressing or negative emotions. Finally, in the extract she talks of how she does not like “feeling out of control” and this is common in participants’ discourse in Part 1. In the extract below Mary talks about shutting herself away as she experiences this extreme stress and her talk suggests to me that she implements ‘rational self’ rules.

Extract 116, p.7, 8.

I really was trying to closet myself away and just hide from the world and ummm, realizing that I couldn't stop the thing now that I had started anyway it had taken me 48 years to get on with it so it was better to let the process go... so I unloaded that and I also unloaded pretty much everything else I could do, so in the head I just, I was caving and just making sure that I fed myself occasionally... Well, I think any one of us would like to skip something that's not very pleasant but I also realize that you often get out of life what you put in... I unloaded things umm, one of them was your course, yeah, I should have followed my intuition and probably spoken to you about that. But I had made assumptions

as well that ummm, hey, you know I can only be of use to you within the parameters that are here.

It is interesting I believe that Mary says “I really was trying to closet myself away and just hide from the world”. This talk of stress also reflects that of participants in Part 1. Many participants talk of isolating themselves or of being isolated when stressed (e.g., extract 27). Mary also talks of being unable to “stop the thing now that I had started” and this I suggest refers to an idea that she should and can avoid, or remove, distressing internal experiences (thoughts, feelings, bodily sensations, memories).

Mary says “I think any one of us would like to skip something that’s not very pleasant” and her talk suggests that it is normal and reasonable to avoid (“skip”) something that is unpleasant. Hayes et al. (1999) suggest that it is a common myth that internal experiences can be dealt with similarly to external ones (i.e., that one can remove thoughts and feelings in the same way that a wall hanging can be removed, see Chapter 2). And as mindfulness training appears to cause her stress (1.1c) she ‘unloads’ it. Because she cannot fulfil her obligations within the “parameters” of the research withdrawal is the obvious solution. There appears to be no ‘room’ for doing something that is not rational. According to this discourse it is not reasonable and rational to remain in the research if she is not meeting its parameters. In the final extract, Mary summarizes her experience of mindfulness and the stress of childhood sexual abuse.

Extract 117, p.8.

It felt crazy, it felt like I was out of, it felt like I didn’t have very much control of my life. But in actual fact, realizing that, what I did, I took control over as much of it as I could, which was around safety, and was around umm, getting space and not having people in my face and what have you. And just ummm, trying to do a little bit of ummm, you know TLC for myself.

Mary’s discourse shows her interpretation of her experience as “crazy” and evidence that she was not ‘in control’ of her life. Control, or lack of control, is a common sub-theme in participants’ discourse (1.1b). The notion that one *should* be ‘in control’ is popular in the dominant discourses (see Chapter 2). Mary talks of ‘taking control’ by implementing safety, gaining space and removing people. I suggest that this discourse is reflective of mechanistic, rationalistic and individualistic ideals common in the dominant discourses and the mainstream stress and mindfulness literatures.

## Summary

As her talk above suggests, Mary experiences stress as a sense of no ‘room’ or space and so it is a rational solution to get space she must leave the training. Tart (1994) suggests that practicing mindfulness results in a “wider psychological space to live in” (p.83) and practicing mindfulness may have ultimately been useful for Mary. However, I suggest that many of her notions of ‘right and wrong’ are challenged in her experience as they do not fit with her usual view of life as a ‘rational self’ (e.g., she is emotional, she is not in control). Because these experiences do not ‘fit’ she appears to view them as avoidable or removable. Needleman (1998) suggests that “conscious attention to the material world is precisely what frees us from it, separates us from it, gives us the space and time we long for” (p.178). By paying attention to and *being with* her experiences rather than leaving Mary might have eventually developed a different relationship to her memories, thoughts and feelings (alongside perhaps a stable and strong therapeutic relationship with her counsellor). Mary’s description, I believe, supports the conclusion that the ontological underpinnings of the ‘rational self’ are an important and disempowering aspect of the experience of stress and mindfulness.

## Chapter Summary

The overarching social process suggested by these findings is that participants’ talk about their experiences of stress in terms of ‘overwhelm and powerlessness’. This discourse is characterized primarily by expressions about the causes of and solutions to stress. And by discourse suggesting self, others and one’s body are viewed as ‘bad and wrong’. This discourse reflects notions of what I term a ‘rational self’, where mechanistic, rationalistic and individualistic notions based in Cartesian philosophy are used to construct meaning.

In a Cartesian view experience is separated into an internal world versus an external world where mind and matter, mind and body, are viewed as separate entities. Reality is said to exist objectively, *out there*, while meaning is made through a reflection on ones thoughts about the external world. There are correct and incorrect versions of reality depending upon the dominant ideology. A review of relevant literature presented in Chapter 2 describes the historical, political, social and cultural development and philosophical foundations of this worldview or ontology, to support the findings.



In the process of mindfulness training, participants discourse' about stress shows two main construct changes. These constructs are taught in the programme and the data show them being uplifted and implemented. Firstly, there is what I term a 'reconstruction of self' with talk of 'I am not my thoughts' and discourse on emotional tolerance and embodiment. Secondly, participants talk of acceptance of all experience in the 'here and now' and 'being present' or aware. I argue that such discourse reflects a re-construction of the Cartesian view of self. The discourse on the outcomes of mindfulness training shows both the usefulness and the difficulty in this approach.

In comparison to the discourse on stress, I theorize that it is this changed view of self away from 'rational self' notions that is one explanation for the usefulness of mindfulness training. Other explanations may be the kindly attitude participants are asked to apply to themselves and their experience, sitting in quiet meditation for half an hour each day or perhaps being a part of a like-minded group. However, I suggest here, the discourse reflects a notion of self where *I am not* a reflection of the contents of my thoughts, feelings and memories (contrary to the Cartesian *cogito*<sup>15</sup>). The mindfulness discourse can be seen to reflect an inclusion of subjective and contextual aspects of experience. This appears to suggest that with mindfulness experience can be framed more contextually, both objectively and subjectively, and we could say even 'wholistically' (i.e., it is returned discursively to the 'whole' of experience).

A critique of psychological and medical mainstream approaches to human experience, particularly stress, and the dominant discourses these reflect, is presented in Chapter 2. This literature points to the limitations of an ontology of self based on this mechanistic, rationalistic and individualistic approach to human experience.

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<sup>15</sup> Cogito ergo sum – 'I am thinking, therefore I exist'

## Chapter 6 Conclusion

This in-depth qualitative and social constructionist study explores the theory and practice of mindfulness. In comparing two versions of self evident in the data and the mindfulness and stress literatures, it is possible to propose a core social process and develop theory. In addressing the research questions the following insights have been gained.

Firstly, how participants conceptualize their experience of stress is habitually grounded in Cartesian terms. Stress is a continually increasing psychological, medical and workplace issue. The stress literature is expansive, yet there is an opportunity to extend beyond the conventional boundaries of the dominant discourses. In employing an ontological framework to explore the issue of stress, knowledge in the area is extended.

Secondly, mindfulness is increasingly adopted as an intervention to manage not only stress but also a number of other mental and physical health issues. To this end, mindfulness has been uplifted and separated from its Eastern origins and rearticulated within a Cartesian worldview. The incongruence of this articulation has created the research gap this thesis has sought to address. The philosophical foundations of mindfulness are based on the concept of 'no self'. As mindfulness in the West is overlaid on and articulated through an ontology of a 'rational self' a research gap exists. Eastern as well as Western philosophers offer a number of alternatives to a 'rational self' worldview. These approaches point to possible options for more usefully addressing the topics of stress and mindfulness.

It is the conclusion of this thesis that stress is described by participants (and in the mindfulness and stress literature) principally in terms of an idealized 'rational self' construct. The mindfulness programme taught an alternative construct and ontology of self and this can be seen as useful. This conclusion calls into question the (over)use of the 'rational self' concept both in research on stress and mindfulness, and in treatment interventions.

A core social process visible in participants' discourse is that with mindfulness training the discourse of self as disempowered appears to change. This changed discourse, I suggest,

reflects a paradigm shift away from a traditional Cartesian ontology. I theorize that this shift in the worldview of self is an important aspect of participants' experiences of stress. Future research may benefit from addressing the philosophical and socially constructed nature of self and stress. Research and the teaching of mindfulness in the West may be extended by addressing these constructs further.

### *Research Questions*

#### **What can participants' discourse tell us about their experience of stress over the course of the mindfulness training programme?**

Participants predominantly talked of feeling overwhelmed and powerless when stressed and this talk reflects, I suggest, a view of self as disempowered. They talk of causes of, and solutions to, what they identify as *stress*. The practice of searching for causes and solutions is termed a 'rational self' construct because the discourse reflects *cause and effect* thinking, tending to value reason, autonomy, and control over emotion. The typically stated causes of stress are 'too much to do and too little time' and having no control. Other people are viewed as a cause of stress which can also be caused by having to meet others' demands and needs. In this discourse, stress appears to be viewed as an objective *thing* to be removed, avoided or changed.

Participants' discourse on solutions to stress includes the view that others can take it away. Participants talk of themselves and others as 'bad and wrong' and of their bodies in a way that reflects dys-embodiment. Extracts and a case example were provided from non-finishers to further support the findings. The Dalai Lama (2005) describes below this way of relating to experience:

In our day-to-day experience, we tend to relate to the world and to ourselves as if these entities possess self-enclosed, definable, discrete, and enduring reality. For instance, if we examine our own conception of selfhood, we will find that we tend to believe in the presence of an essential core to our being, which characterizes our individuality and identity as a discrete ego, independent of the physical and mental elements that constitute our existence (p.46).

This type of discourse in relation to stress reflects Western socially constructed notions of a 'rational self'. In this view people are similar to *machines* that are ideally objective, rational, autonomous, intellectual and non-emotional. The socially constructed nature of the stress discourse is a useful area of inquiry at a time when the area has become fraught with confusion and debate (Cooper & Dewe, 2004; Jones & Bright, 2001).

**What can the changes in participants' discourse tell us that is theoretically useful to the study of mindfulness for this particular programme?**

Mindfulness training results in a discourse of self that, in contrast to the stress discourse, appears to be one of empowerment. This discourse is of an active rather than a passive agent. Paying attention to or noticing one's experience, acceptance, and *letting go*, appear to be active acts in the process of gaining insight and awareness to better manage events. The alternative discourse was of being a *victim* to stress and one's thoughts, feelings and body. This is related to the move away from a Cartesian view of self as a 'rational self'. This changed view (and the mindfulness training) are followed by talk of calmness, peace, insight, awareness, creativity, and an expanded sense of time and space. There may be a number of reasons for these positive outcomes (e.g., adopting kindness to self and others, sitting in meditation each day, positive experiences in a group setting). This thesis, however, is focused on exploring ontology of self in participants' discourse. The positive outcomes suggest that for these participants mindfulness is generally useful.

In mindfulness training participants are asked to think of themselves and their experience in a different way; they are asked to make an ontological shift. How they come to think about the nature of reality, being and self, changes. When participants make this conceptual shift in the notion of what it is to be *self* they talk about experience and stress differently.

**What can an exploration of the ontological underpinnings of mindfulness and the dominant discourses provide that is useful in developing our understanding of mindfulness?**

A traditional Western ontology, or worldview, suggests there is an objective 'reality' *out there*. This reality can be known through its reflection in one's thoughts. The Cartesian view of self is of people 'being' *thinking machines* and common in the dominant discourses. The discourse of the 'rational self' is a reflection of this Cartesian worldview. The 'rational self' perspective is visible in the mainstream stress and mindfulness literatures that employ mechanistic, rationalistic and individualistic terms to explain experience. Stress is viewed through this ontology of self in psychology, medicine and workplaces. It is visible in how mindfulness is implemented in Western contexts. I have presented a number of critiques of this dominant discourse by authors opposed to this construction of personhood.

I conclude that an understanding of mindfulness is expanded when it addresses questions of ontology. A Buddhist philosophical view of ‘no self’ or of experience as essentially ‘empty’ are core ideas in the origins of mindfulness. These ideas offer an alternative social construction to that of a Cartesian-based philosophy. Literature by Western philosophers was presented to support the exploration of alternative versions of self. Mindfulness offers a number of useful concepts (e.g., ‘I am not my thoughts’, acceptance). As uplifted in the West it has not embraced core philosophical constructs from which these concepts emerge. It may be problematic that the practice and research of mindfulness retains this construct of the ‘rational self’. I suggest this thesis supports Gergen’s (1999) assertion below:

We in Western culture may be on the verge of a major transformation in our way of conceptualizing ourselves. It is like taking part in the development of a second Enlightenment. And if the first period of the Enlightenment – which solidified the concept of the self-contained individual – brought forth democracy, public education, and human rights, then what flowering of practices may now be anticipated? (p.138).

### **Does this ontological exploration support a useful theory that could apply to the practice and research of mindfulness and stress research?**

The theory suggested is that one reason for the usefulness of mindfulness for these participants is related to a paradigm shift in the ontology of self. A *re-construction* of self away from ‘rational self’ values and practices is a useful version of participants’ changed experiences of stress. Both the practice and research of mindfulness and stress research may benefit from addressing questions at this ontological level of inquiry.

The theory developed helps to clarify why and how mindfulness might be useful. It suggests that viewing thoughts and feelings as ‘passing events’ rather than ‘objective realities’ is useful. It brings into question how ‘mind’ has come to be understood in the West. The theory suggests that acceptance of all aspects of experience, rather than avoidance and rejection, can be a useful practice. This calls into question a number of the basic philosophical foundations of the research and literature. The practice of mindfulness in the West may be expanded by addressing more clearly notions of the ‘rational self’. Research on mindfulness and stress could be more reflexive and self-critical of its philosophical underpinnings and socially constructed nature.

The theory that participants' stress discourse is habitually grounded in Cartesian terms expands the stress research area. It points to alternative possibilities for the treatment of stress. I conclude that approaches directly addressing the objective, subjective and contextual aspects of experience from an alternative ontological approach may prove more effective than traditional approaches.

### **Summary**

A Social Constructionist epistemology and Grounded Theory methods are an original approach to support inquiry at an ontological level of meaning. It is through a social constructionist approach that it is possible to explore, challenge and disrupt the *taken for granted* aspects of mindfulness and stress. The *taken for granted* constructs of the Cartesian worldview and its dominant discourses are visible when compared to the alternative worldview of the Eastern foundations of mindfulness. With a social constructionist epistemology it is possible to explore the view of self as a socially constructed *reality* rather than constituted as a pre-existing object *waiting to be understood*. In this approach there is no correct pre-existing *truth* to be *found*; multiple subjective truths exist as well as multiple worldviews. Traditional Cartesian methodologies view self in a mechanistic, rationalistic and individualistic fashion. I suggest that mindfulness research is limited because of its theoretical proximity to a Cartesian worldview.

The interpretations or meanings people make of experience are influenced by socially mediated ideologies and hierarchies of power. In this thesis, meaning-making is viewed as a social process rather than *God-given* or mediated through an individual consciousness. The social process of participants' meaning-making is explored in relation to the effects of the socially constructed nature of psychology, medicine and workplaces. I have explored the effect of these ideologies and hierarchies on how participants come to understand themselves.

A Critical Psychological position makes it possible to identify a gap in the literature left by a predominantly quantitative and positivist approach to mindfulness. It may be a 'thinking habit' that leads to the preponderance of research in the experimental, hypothetico-deductive method. The qualitative and social constructionist approach in this thesis, along with epistemological and personal reflexivity, provide an original approach to these research questions.

As the mindfulness teacher and the researcher on this study, it is important to clarify my values and beliefs as they form an important part of the research process. The position taken here is that bias is an expected part of the research process. The positive and negative impacts of this are addressed in Chapter 4. The terms *credibility*, *transferability*, *dependability*, and *confirmability* are used to evaluate the research outcomes. Denzin and Lincoln (2000) suggest these terms can replace the conventional criteria of internal and external validity, reliability, and objectivity (p.21). This is discussed in-depth in Chapter 4.

### ***Connecting the Literature and Findings***

The discussion in this section relates the literature presented to the findings of study.

#### **Stress Literature**

Academic and lay literatures on stress predominantly focus on psychological and physiological mechanisms and processes. A great deal of the stress research, dating back almost one hundred years, is based on physiological and biological models and culminates in the current cognitive approaches (see Lazarus & Folkman, 1984). Cognitive appraisal of situations as stressful depends upon a perceived ability to cope. Treatment is to help people change appraisals or manage emotion. Problem-focused coping strategies help one adapt to and change environmental factors. Emotion-focused coping strategies help change emotional reactions. This discourse of mechanisms and processes retains a 'rational self' view, as do physiological and biological models and the focus primarily on cognition. The *cause and effect* thinking of this Cartesian paradigm is evident in the rationality of changing *bad* appraisals to *good*. Reductionism and dualism are evident in a focus on problem- and emotion-focused coping strategies.

Stress theory generally suggests that successful coping by individuals helps eliminate stress. Successful stress reduction is measured by the ability to lower psychological distress, improve quality of life and/or generate positive health outcomes. To this end, interventions are aimed at situational and/or dispositional factors affecting individuals. I theorize that many of the definitions and theories of stress in the dominant discourses are the logical result of viewing self in mechanistic, rationalistic and individualistic terms. Given the results of the present study, I suggest that the failure of decades of stress research to address the *epidemic* levels of stress (see Jones & Bright, 2001) is due, in part, to this view of self.

There are powerful social influences on this view of self and stress. Kranz and Long (2002) found that stress management advice is often focused on changing something about oneself or buying products. The authors suggest this way of structuring experience reinforces passivity. Harkness et al. (2005) indicate how the discourse of stress fosters and reinforces a *victim* position. Their participants describe the stress concept as limited and over-used.

The present research takes a critical stance to the dominant discourses of mainstream stress research and treatment. This approach is supported by Jones and Bright (2001) contention that:

...the literature criticizing coping research and measurement is now substantial, much of it focusing on the fact that the large amount of research has not yielded information on which to base interventions (p.151).

A number of authors suggest that stress, stress reduction and the professionalization of health care are socially constructed to reflect social hierarchies of power and control (see Furedi, 2004; Gergen, 1991, 1999; Rose, 1999; Wainwright & Calnan, 2002). The dominant discourses reflect these hierarchies and therefore influence how stress is viewed. This can result in a disempowered populace. The research on mindfulness emerges out of predominantly psychological and medical approaches. There exists here an opportunity to explore the social construction of stress and mindfulness and to broaden the research field.

There has been a recent call to re-focus research attention on emotions<sup>16</sup> rather than stress. This call reflects, I believe, a ‘rational self’ approach. A focus on emotion may retain essentialist, reductionist and dualist perspectives while incorporating a mechanistic, rationalistic and individualistic view of self. Emotion, like the concept of ‘mind’, is then separated and objectified and removed from the ‘whole’ of the person and society. Emotion becomes conceptually disconnected from self and at the same time it is said to constitute ‘the self’ (i.e., knowledge of self is gained through a focus inward to one’s feelings, “I am *what* I think and feel I am”). Given the findings of this study, I suggest that refocusing research attention on emotion may prove problematic. What this thesis highlights is the need for deepening exploration at the ontological level of inquiry.

I conclude that the approach of the *solid ontological status* of self, may limit our ability to reduce human suffering. The Dalai Lama (2005) describes this approach to self suggesting that ‘emptiness’ (or ‘no self’) is a profoundly different approach:

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<sup>16</sup> Particularly in Positive Psychology, see Lazarus (2000) and Styron (2005).



We believe that intrinsically real seeds produce intrinsically real crops at an intrinsically real time in an intrinsically real place. Each member in this causal nexus – the seed, time, place, and effect – we take to have solid ontological status...it is the belief in intrinsic existence that sustains the basis for a self-perpetuating dysfunction in our engagement with the world and with our fellow sentient beings...the theory of emptiness is not a question of the mere conceptual understanding of reality. It has profound psychological and ethical implications (p.47-51).

### **Mindfulness Literature**

Mindfulness is originally based on Buddhist meditation practices and philosophy (see Bishop, 2002; Kabat-Zinn, 1990). The MBSR programme, on which the present study is based, incorporates two core concepts in the Buddhist basis of mindfulness. These core concepts are *I am not my thoughts* and *acceptance of all one's experience in the here and now*. The present research supports the Bishop et al. (2004) study that acceptance and altering the perspective on thought is useful. However, their model “draws heavily on self-regulation models of cognition and mood and contemporary cognitive models of psychopathology” (p.236). In current mindfulness practice and research these core concepts do not extend to their philosophical origins in the construct of ‘no self’ and ‘emptiness’. Recent mainstream mindfulness research retains its Cartesian ontology of a ‘rational self’. I would argue that positivist and cognitive models of self based on the ‘rational self’ construct do not altogether account for the experiences of participants in the present study.

It may be that inviting participants to formally meditate asks them to change the way they traditionally think about their mind and their thoughts. This brings into question the notion of the *independent objective reality* that constitutes Cartesian thought. Participants may choose to implement ‘I am not my thoughts’ and practice acceptance, or not. However, sitting to meditate and developing a *thinking position* or *observer self*, where one is not one's thinking, is a practice of relating to self differently (i.e., not as the ‘product of one's mind’).

I conclude that recent research on mindfulness is limited as it retains a ‘rational self’ ontology. Therefore, there is a risk that mindfulness is understood in ‘rational self’ terms (i.e., as mechanistic, rationalistic and individualistic). For example, the *transcendent* or *observer self* may be seen as another ‘rational self’ as opposed to ‘no self’ and an opportunity to see ourselves differently is lost. The opportunity to explore new ways of ‘being’ becomes limited by this theoretical and methodological approach. Further research is necessary to explore more fully the construct of ‘no self’ as it might apply in the West.

In the Buddhist philosophical foundations of mindfulness people are not viewed in terms of pathology. However, in traditional Western models disorder and distress are primarily seen as due to inherent immutable genetic, psychological and/or biological factors (see Breslin et. al., 2002; Carver & Sheier, 1990. Lazarus & Folkman, 1984; Selye, 1974). In line with this view of personhood, most research on stress and mindfulness attempts to discover psychological and/or physiological mechanisms. In contrast, Buddhist approaches view human change as inherently possible (Brazier, 2003). Distress is viewed as a normal and natural part of being human (Hayes et. al., 1999).

The present study supports previous research indicating that, for the participants who remained in the training, mindfulness can be useful. Many participants talk of beneficial outcomes and this reflects Bishop's (2002) evaluation of mindfulness research. The findings confirm Kabat-Zinn's (2003) assertions that suffering (or stress) is a result of aversion and unawareness. Participants, before mindfulness training and non-finishers, talk of attempting to avoid or remove (i.e., aversion) aspects of self to manage stress. The mindfulness discourse suggests that awareness and insight bring relief. It appears that as a number of participants *see the activity of their mind* they find this useful and the discourse on stress more usefully changes. This finding supports Chödrön's (1991) assertions about mindfulness training. However, Mason and Hargreaves (2001) use a cognitive theory of mindfulness to conclude that "changes to individual cognitions are hypothesized to be the key to clinical change" (p.199). The findings of the present study expand this conclusion to suggest that an important *key* to change is the implementation of an alternative worldview.

Participants in the present study talk of a greater sense of time and space and this reflects Tart's (1994) suggestion that living a *mindful* life helps "develop a wider psychological space to live in and greater satisfaction in all areas of life" (p.83). Participants' reports suggest they come to view thoughts as *simply thoughts* and not as overwhelming truths (Bennett-Goleman, 2001) and this is helpful. Their discourse suggests a growing understanding and compassion and this supports Fulton and Siegel's (2005) conclusions.

The study by Baer et al. (2004) suggests that mindfulness skills include observing, describing, acting with awareness and accepting without judgment and that mindfulness is a multifaceted *construct*. This conclusion requires further exploration. Given this conclusion I question if research then *either* attempts to explain the many facets of the object of mindfulness; *or* whether it elaborates on the multiple subjective *truths* and perspectives that occur with

mindfulness training. That is to say, it will be important to identify and declare the philosophical underpinnings of future research and training. Below I discuss future research and elaborate on methodologies for researching ontologies.

In the present study, participants' discourse suggests that a number manage their stress at work better. There is little research on mindfulness and workplace stress, although Davidson et al. (2003) report positive changes in physical and emotional health through mindfulness training in the workplace. As mindfulness is increasingly being implemented in workplaces this area would benefit by further research. The results of the present study support past research showing high *fail to complete* rates. Approximately 35% of participants did not finish the training (see Mason & Hargreaves, 2001; Segal et al., 2002). This will be an important issue particularly where mindfulness is introduced in workplaces as stress reduction.

The findings are supported by studies suggesting that how self is socially constructed in Western societies leads to problematic views of self and body. With mindfulness training participants talk of their body in a way that suggests embodiment. They talk of *being with* their body rather than talk *about it*, and this discourse suggests their body forms part of their lived experience. This is in line with the finding that mindfulness teaches a greater awareness of objective, subjective and contextual experience. As stated in Chapter 2, Kabat-Zinn (personal communication, 2006) suggests that early Western philosophers (e.g., Hume, Kant) allude to notions of embodiment. He concludes that the idea, however, *remained in their heads* and they merely continued to *talk about it*. Kabat-Zinn (ibid.) suggests that mindfulness meditation brings this concept into the lived experience of the body and self.

It may be that viewed through the lens of the 'rational self' the body becomes a theoretical construct represented in peoples' minds. Kabat-Zinn (ibid.) suggests that mindfulness training is a practice of *being in* the body. This practice is the first meditation taught in the MBSR programme (body scan) and participants learn to experience senses in the body, *being in one's* body rather than lost in thoughts *about* the body (Appendix C). Kabat-Zinn (ibid.) suggests that with mindfulness training people do not merely stay at the level of thought and representation of the body and world, but rather they embody experience and not just their thoughts *about* their experience.

Applying mindfulness is not without problems with regard to embodiment. In being termed a 'body scan' it may come to reflect other stress reduction methods which use techniques to help people avoid or remove difficult thoughts, feelings or bodily experiences. Mindfulness can be used to feel better by noticing, and then avoiding or removing, thoughts and feelings. As mindfulness is introduced into Western society, psychology, medicine, and workplaces, there is a risk it may be subsumed within the traditional worldview, dominant discourses and powerful ideologies. I conclude that there may be a number of potential difficulties in transposing mindfulness onto Western ideologies and institutions.

One potential of mindfulness training, I believe, is to develop a new way of relating to one's body, oneself and others. It may be important that practitioners trained in mindfulness approaches are aware of its original ontological bases. There may be benefits to incorporating an alternative version of self offered by the Eastern origins of mindfulness. As stated earlier, Western philosophers have offered similar alternatives and so these constructs are not altogether alien in the West.

### *Limits and Constraints of the Study*

I was curious to explore the meanings participants made of mindfulness and stress. A subjective approach to research is beneficial in that it can avoid certain constraints of other approaches. Here the researcher does not rate participants experience by pre-set standards. In the present study, change is *rated and measured* by participants themselves and therefore the present study is limited where objective measures and outcomes are required. For example, qualitative research and social constructionist epistemologies are criticized for focusing on subjective experience. The grounded theory methods used are reductionist and the thesis outlines many of the critiques of this method (see Chapter 4).

There are a number of limitations and constraints to using a reductionist method. In defence of this choice of method I refer to Burwood et al. (1999) who suggest that the practice of creating dualities and binaries is not in itself problematic. It is the act of marginalizing one aspect of the duality or binary that creates problems. So too, it is for grounded theory methods. In using a reductionist method the knowledge attained in this study is returned to the whole. That is, the truths discovered are partial truths, one view of multiple possible views and require knowledge of the possibility of different ontologies to make the findings meaningful and useful. I attempt to not marginalize the many important truths possible here

and hope to write a thesis that inspires a greater search for knowledge and useful ways of 'being'. Future research is relied upon to expand and extend the findings to varied contexts using multiple methodologies and methods.

The social constructionist epistemology may be seen as a constraint because the findings are not generalized and validated in the traditional sense. It does, however, provide a breadth and depth of data and exploration not possible previously by addressing multiple representations of experience using a rigorous approach to methods. Given the preponderance of positivist and quantitative approaches to mindfulness a social constructionist epistemology (and grounded theory methods) best answers the research questions. As stated above, a qualitative subjective position can challenge *taken for granted* realities (Gubrium & Holstein, 1997) and enables the exploration of areas not easily accessed by traditional methodologies and methods, allowing a broader theory development.

The present research highlights a potential limitation of the social constructionist approach. Willig (2001) suggests that on a continuum of how close ideas are to notions of objectivity, social constructionist ideas occur at the relativist end (see Chapter 2). There is a great deal of debate regarding the realist and relativist nature of social constructionism (see Nightingale & Crosby, 1999). As described throughout this thesis, the goal of objectivity is grounded in a Cartesian worldview. In comparison, the Buddhist philosophical foundations of mindfulness do not support the notion of an *independent objective reality* (as do various Western philosophers). Nightingale and Crosby (1999) suggest that social constructionist epistemology more recently has shifted conceptually to notions of self less based in traditional Cartesian constructs. The social constructionist epistemology used in the present study may have limited and constrained the findings. The use of various methodologies in exploring questions of mindfulness is recommended.

With the findings of the present study, I suggest that a traditional Western ontology of a 'real' objective self is disrupted with mindfulness training. I make no *truth* statements about this worldview but suggest that it differs fundamentally from a traditional Western ontology. This failure to make *truth* statements limits the use of this research in areas where funding is dependent on quantifiable measures and outcomes. This may also mean, however, that the study has limited use in addressing specifically clinical issues in clinical contexts.

The failure-to-complete rate may have a negative impact on the present study, as the core social process may have been different had more participants remained. Non-finishers might have provided data suggesting a different experience of stress and mindfulness from those who remained. These constraints may or may not have impacted on the results negatively, however, this does point to future research opportunities. As presented and discussed further in Chapter 4, other constraints might be the group makeup, the context of the study, and the dual role of the teacher and researcher. The findings of the present study might be limited in that they can only be said to relate to these participants, in this context at this time. The findings do, however, point to a number of important issues in the practice and research of mindfulness as well as stress research.

### *Implications of the Study*

With these findings I theorize that the ‘rational self’ social construct is an important aspect of participants’ experiences of mindfulness and stress. As stated earlier, Gergen (1999) suggests that “to raise serious questions about the self is to send shock waves into every corner of cultural life” (p.13). It may be that the changed view of self offered by mindfulness has this potential. However, this may not be the case if it is implemented rationally as a *tool* in the ‘battle against stress’. The findings here suggest that an alternative construction of self is useful.

In Chapter 2, models of self were presented that do not adhere to Western ‘rational self’ versions. Durie (1989) suggests that, for Māori, knowledge is not attained in this ‘rational self’ way. Māori go outward for knowledge, to relationships with others and wider systems. Knowledge is not always gained through their relationship with their feelings, thinking and intelligence, but in their relationship with rangi, whenua, whanau<sup>17</sup> and “with things that are much bigger than the individual” (p.15). Kugelmann (1992) suggests that in Western societies “in the ideological background of stress lies the assumption of an essentially asocial atomistic individual” (p.21-22). The results of the present study lend support to the need for further exploration into alternative approaches to stress and self from an ontological level of inquiry.

I presented a number of critiques in Chapter 2 of the ‘rational self’ approach. Rose (1999) expresses concern about how the ‘psy’ practices (i.e., psychological approaches) suggest

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<sup>17</sup> Sky, land, family.

people look inward to solve their problems “through the unceasing reflexive gaze of our own psychologically educated self-scrutiny” (p.213). He suggests this practice reduces a sense of agency by encouraging individualism and victimhood. Therefore, as Bishop et al. (2004) suggest that monitoring and self-observation are important constructs in their operational definition of mindfulness, I suggest this *inward gazing* approach is problematic. It could more usefully be viewed within a broader understanding of human experience than that offered by a ‘rational self’ construct.

A number of authors suggest that encouraging people to avoid or remove aspects of experience (especially emotion) is problematic (e.g., Hayes et al., 1999; Ecker & Hulley, 2007). Based on these findings it may not be the focus on emotion *per se* that is problematic but on how it is socially constructed as an aspect of self. Ecker and Hulley (2007) suggest that in psychology and psychiatry a *glass ceiling* has been reached. In avoiding or rejecting emotion people are unable to embrace the *whole* of their experience. They then fail to gain and learn strength and a sense of agency from life challenges. If the conceptualisation of self were expanded beyond the ‘rational self’, emotion and stress might be more successfully addressed.

The findings of the present study suggest that with mindfulness training participant’s talk of experiencing the whole of their experience and appear to gain an empowered view of self. Viewing mind and self differently and accepting all of one’s experience were generally useful. Fostering a changed view of self and stress will have implications for psychology and medicine as well as workplaces.

Newton et al. (1995) point out that a focus on biology implicitly places responsibility on the individual while at the same time it implies that one is powerless to change stress. The solution to stress generally offered is to change instincts that have become outmoded in this modern world. Kugelman (1992) refers to this as the discourse of the *archaic body*. Individuals are advised to fix outdated instincts<sup>18</sup> and deal with their problems within themselves by changing their minds and their bodies. A focus on biology and on changing outmoded *fight-flight* instincts may be a simplistic approach and has broader political and societal implications. There is a risk that where *fight-flight* is appropriate (e.g., domestic violence, workplace bullying) people may fail to fully appreciate their bodies’ warning

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<sup>18</sup> Because there are no sabre-tooth tigers any longer the fight/flight instinct can be redundant and problematic.

system. Stress as an individualized experience may mean people blame themselves for what are objective and contextual problems.

Most mindfulness research is quantitative and positivist. Samples include people with heart disease, cancer, psoriasis, breast cancer, prostate cancer and other physical illnesses. Research studies focus on people diagnosed with obesity, borderline personality disorder, anxiety, and depression. Research groups include hospital patients, some who are terminally ill, as well as patients with psychiatric diagnoses. Studies are also carried out with students, who are reimbursed for their time with course credits, or with MBSR fee-paying participants. In the present study participants did not have these incentives. This suggests the present study may have a number of advantages over past research. It may be more likely that participants feel less pressured and more able to express themselves freely. This group may better resemble a greater variety of *real world* situations. Although people in this group have their own *real world* stresses, its general composition is not related to experiences of physical and mental diagnoses, student hardship and paying for training. This suggests it is important to differentiate research settings. Findings from clinical studies may not relate to those in non-clinical settings.

In reading the academic literature it appears that scholars and researchers do not generally reflect on the ontological foundations of the nature of self, knowledge, truth and reality. This has implications for the study of mindfulness and stress. The implementation of a qualitative and social constructionist epistemology incorporating reflexivity offers an alternative perspective. A major implication of exploring the ontology of self in stress and mindfulness is that both areas are expanded and enriched and this may produce *shockwaves*.

### ***Future Research and Recommendations***

I conclude this thesis by discussing future research, making recommendations and reflecting on the aims and objectives of the study. The thesis points to a number of important questions. If the 'rational self' construct is limited, what is needed to expand this view? What research designs and methods would best support this inquiry? What would then be the outcome for managing stress? How would this be reflected in psychology, medicine and workplaces and in the treatment of stress? Finally, how would the research and practice of mindfulness be expanded if notions of self are extended beyond Cartesian ideas of mechanism, rationalism and individualism?



Investigating further this empowered view of self is warranted. One could ask what would be possible if discourses were available other than those of the ‘rational self’ and *body as machine* so common in the dominant discourses. Gergen (1999) asks:

In what ways might human communities benefit from particular ways of conceptualizing the world or self, the constructionist would ask, and how might these meanings be shared? (p. 235-6).

The basis of Western models of self and mind may themselves be problematic for understanding stress and mindfulness. By exploring further the diversity and socially constructed nature of the stress construct it is possible to expand and develop interventions. Stress research is dominated by ‘rational self’ models, with *cause and effect* strategies, remove and/or avoid, adapt and/or change methods, and with marginalizing binaries and dualities. I conclude that stress research may have reached a *glass ceiling*.

The understanding of personhood in Eastern social constructs (‘no self’ and emptiness) are not completely addressed in this thesis. It is not a conclusion of this thesis that this is the optimal construct. Future research is needed to more fully explore this and the traditional ontological approaches. Given that a Cartesian ontology is fundamental to Western societies this, I believe, is a very useful research endeavour. Psychological, medical and workplace settings are imbued with socially constructed meanings regarding power, control, responsibility, authority and self. These meanings may affect how mindfulness is taught, and the practice of mindfulness may affect these meanings. This leads to the important question of what scientific methods are consistent with exploring ontology and could best inform research and practice?

A useful research approach would address the implementation of mindfulness in organisations where stress is reported as high, and where disempowerment results because of issues of power and control. Workplace stress is a major social issue worldwide. As work is often seen as the *cause* of stress it is reasonable to believe that removing work solves stress. Removing or leaving work is a rational, *cause and effect* solution. This solution may be problematic and removing people from work might, in some cases, add to a sense of disempowerment and passivity. If people are removed, although they may subjectively feel better, objective and contextual issues may not be seen as problematic in the development of their stress. Future research is needed to explore mindfulness more holistically from not only an individual vantage but also social and political perspectives.

Research and literature on stress are primarily focused on the workplace and implement ‘rational self’ terms to explain stress to provide solutions. Wainwright and Calnan (2002) suggest there is an historical specificity to how workplace stress is constructed today and the form this takes is transitory. This suggests it is possible to transcend the limitations of traditional approaches. However, I believe, that simply to reject the *victim* construct of the stressed worker may not address fundamental assumptions about the nature of self in Western societies. The findings of this study suggest that when stress is viewed as an *epidemic*, and workers are directed to individual therapy and stress reduction courses, their sense of agency can be negatively affected. Wainwright and Calnan (2002) conclude:

In terms of individual life experiences the latter subjectivity [coper] may be preferable to the former [non-coper], but it actually reinforces the central claim of the work discourse, that the antagonisms of the workplace are best understood in terms of the ability or inability to remain mentally and physically healthy in the face of excessive demands and pressures. In either instance there is little challenge to the status quo (p. 197).

A traditional ‘rational self’ view is reflected in recent law changes in Aotearoa/New Zealand regarding employer and employee responsibility for work stress. The views and practices of mainstream stress models have been incorporated into this legislation. The justice system also reflects the dominant discourses of a ‘rational self’. Given the results of the present study I suggest that the law changes may simply reflect the ongoing ambiguity and confusion that dominate the stress research and literature (see Cooper & Dewe, 2004; Jones & Bright, 2001). The issue of stress may continue to be argued back and forth while it remains viewed as the result of dispositional or personal versus situational or environmental factors. The potential in exploring the socially constructed nature of the ‘rational self’ is that change can occur at a more fundamental level than has previously been possible.

In Figure 1 (p.30) Wainwright and Calnan (2002) show stress and work as social processes. The *stressed worker* is often conceptualized as a passive object in traditional psychological and medical approaches. The authors conclude that “more emancipatory modes of interpretation and opposition [to workplace stress] can be developed” (p.197). By including constructions of consciousness and broader socio-cultural experiences the *stressed worker* might be re-conceptualized. Self might then be viewed as:

...an emotionally expressive, embodied subject who is active in the context of power and social control...a conscious subject, negotiating his or her relationship to the external world, but also affected by it at both a conscious and physiological level (p.82). It is not environment and discourse in abstraction that contribute to the formation of the self, but real institutional arrangements, discursive formations, historical events, personal

experiences that interact with corporeality in the genesis of the self at specific points in time and space (Wainwright & Calnan, 2002, p.86).

The findings of the present study support the recommendation for a view of self that includes embodiment, agency, awareness, community, philosophy, and objective, subjective and contextual aspects of experience. However, in the above quote Wainwright and Calnan (2002) suggest a ‘genesis and formation of the self’ approach. I suggest there is a ‘rational self’ construct in this approach. Further research could address a re-conceptualized view of self.

Given that social constructionist ideas too may emerge from a Cartesian philosophy they may retain *taken for granted* and ‘rational self’ underpinnings. It may be that solutions to stress from a social constructionist approach have been grounded in a ‘rational self’ ontology (e.g., because inadequate childcare is considered a cause of stress, the solution becomes the provision of greater access to affordable childcare, higher wages, shared power in workplaces). These are reasonable and appropriate solutions to stress. Should the construct of the ‘rational self’ be explored further it might be that these solutions could exist alongside more empowered versions of self.

There are alternative conceptualisations to the ‘rational self’ construct, for example in Buddhism, in Heidegger’s *being* (dasein) and in Deleuze’s focus on ‘how might one live?’ In fact, Nishida (1870-1945) suggests abandoning the rationalized concept of self and its *spectatorial standpoint*. He suggests taking the perspective of a socially and historically placed self with an active stance where one is “in a constant process of forming and being formed by” (Cooper, 1996, p.383, see Chapter 2). A stance where one is an active participant in the world. These authors suggest interesting alternatives to a ‘rational self’ perspective. The present study is primarily focused on the alternative offered in the origins of mindfulness. I have not included all alternatives or all thought behind each alternative. The findings are based on my limited understanding of these ideas. Further research is needed to explore and expand these ideas.

Finally, participants were required to do a great deal for this research. Some had not heard of mindfulness and having to practice meditation for half an hour most days, and fill in questionnaires and daily diaries, was burdensome. Participants were also asked to *be with* their fears, worries, anxieties, illness, loss, and much more, rather than avoiding, rejecting or changing these experiences. Avoidance is not an unreasonable strategy given that

troublesome thoughts, feelings and experiences are at times difficult, even unbearable. This thesis and the depth of analysis were only possible because of the commitment and courage of the participants. Future research methodologies should be utilized in ways that are respectful of what a mindfulness approach might require of people.

### *Reflecting on the Aims and Objectives*

It is hoped that this thesis advances debate on mindfulness meditation, and particularly its ontological bases. The inclusion of Western philosophers' alternative views of self suggests these Eastern ideas are not alien in the West. The findings of this study suggest that to fail to address the ontology of self may be an important omission in the area.

Participants' discourses are the *truths* that are explored in this thesis. Given the grounded theory approach this information is the basis of the theory generated. The *truths* of most interest to me came to be the meanings participants made of themselves, or more specifically who they understood themselves to be. It was a surprising aspect of the research that self became the focus. It may be that this focus is perhaps part of more recent attempts to explore who and how we are as people in a complex world.

We have seen that mindfulness can be *used* in a mechanistic, rationalistic and individualistic fashion and articulated in Cartesian terms. Its potential, however, may be in what the practice and philosophy provide to expand on current mechanistic, rationalistic and individualistic views of self and society. Its potential may also be in what it can offer to expand our political ideology and communication skills.

It may be tempting to ask the question 'so if there is no-self and we can loosen the grip of the 'rational self' construct, what is left?' There is a risk that with this question 'self' is framed in objective, reductionist and dualist terms. How can we ask this question differently? Questioning how society constructs the nature of reality, being, and self, is a fruitful inquiry. It makes it possible to broaden meaning and therefore choice. If meaning is not predominantly *known* through 'mentalizing' but knowing can be multimodal, multidimensional, what is possible? If self or personhood is not *pinned down* as an object, if we can have multiple selves or no self at all, what is possible? If *machine* metaphors were not dominant in our discourse, and experience was expanded beyond objective, rational, autonomous, intellectual and non-emotional meanings and practice, what might be possible?

How would we communicate, what solutions would we find to stress and suffering? Can personhood or self be conceived of differently to how it currently is? Deleuze offers one possibility (repeated from Chapter 2) that is not inconsistent with a mindfulness approach. He asks '*how might one live?*'

Finally, if 'I am not my thoughts' what am I, what is this 'space' that remains? If this question were not to be answered in Cartesian terms, what might the answer be? I conclude with Deleuze's answer to '*how might one live?*'?

This is how it should be done: Lodge yourself on a stratum, experiment with the opportunities it offers, find an advantageous place on it, find potential movements of deterritorialization, possible lines of flight, experience them, produce flow conjunctions here and there, try out continuums of intensities segment by segment, have a small plot of new land at all times (May, 2005, p.25).

In practical terms mindfulness programmes could specifically address the socially constructed nature of self, identifying and exploring mechanistic, rationalistic and individualistic approaches to interventions, treatment, programme delivery and research. It suggests becoming aware when mindfulness is *used* as an intervention. However, mindfulness might be more usefully taught as a *way of being*. This would entail viewing programmes and research multi-dimensionally, and within social, community, political, economic as well as individual contexts.

In the process of the research, I have come to a greater understanding of mindfulness and stress. This has enabled me to practice its *truths* more fully and my mindfulness practice and teaching, I believe, reflects this shift. I have tried to investigate mindfulness mindfully. This has not meant a stress-free process, but one where I try (many times unsuccessfully) to accept all of my experience in the *here and now* and to remember that reality is not necessarily reflected in my thoughts (especially the bad ones!). I hope these insights prove useful in helping others explore and expand the areas of mindfulness and stress.

### ***Conclusion***

What are neglected in the stress and mindfulness research and literatures are the historical, social, political, and cultural influences on the constructs of self, stress and mindfulness. In traditional perspectives on stress the individual is viewed as responsible for the solution to stress and oftentimes social, economic and political factors remain unattended. Gender power imbalances, the work/home divide, poverty, lack of access to education, pollution, inadequate

healthcare, crowding, long working hours at a tedious job, are factors involved in stress that can be overlooked (see Brown, 1999; Jones & Bright, 2001). The original philosophical foundations of mindfulness offer an alternative conceptualisation of self. These alternative constructs provide a useful approach from which to approach human suffering.

# Appendices

## Appendix A – Participant Information

(University of Auckland letterhead)

Title: **Attention training/mindfulness as a stress reduction technique.**

To: .....

My name is Debra Fraser; I am a student at The University of Auckland enrolled for a PhD Degree with the faculty of Social and Community Health. I am conducting this research for the purpose of my thesis on stress reduction and have chosen this field because I wish to explore the use of attention training/mindfulness as a technique to reduce stress.

You are invited to participate in this research and I would appreciate any assistance you can offer me. I am implementing a six-week stress reduction programme and wish to evaluate it. Previous research has shown that these programmes have beneficial effects and I believe these would be useful for people working in the counselling field.

The stress reduction programme involves teaching a cognitive technique called attention training or mindfulness. Along with various mindfulness exercises, there will be training in identifying stress responses, and through group discussion, the opportunity to develop alternatives to responding to stress.

During the course of the 6 week programme I will ask you to keep a daily diary (this is a one page account of your experience of daily living). You will also be required to fill out a questionnaire at the beginning of each week of the six-week course, and at the 6 and 12-month point following the end of the course (8 times in total, this questionnaire takes approximately 10 minutes to fill out). The questionnaire is on a website and is the same questionnaire at all points. I also ask that you fill in another 2-minute questionnaire at the beginning of the course and one year later.

Mindfulness-meditation requires daily practice and an audio tape is provided. In total, the time required during the six-week programme is approximately **30-45 minutes per day** plus the two hour group meeting once a week.

The data collected (i.e., diaries and questionnaires) will be analysed to ascertain whether participants have been successful in reducing stress and to identify what some of the processes involved in the attention training/mindfulness programme might be.

You are free to withdraw from the programme at any point, I ask, only if you feel able, to participate in an exit interview. I would also require your permission to have the attention training/mindfulness group sessions audiotaped for the duration of the six weeks. Participants in the programme will be provided with an audiotape of mindfulness instructions and photocopied material that you may keep.

Research has generally shown the effects of this programme to be positive; there is, however, some tension and/or distress involved in learning new ways of dealing with stressful events. Perseverance with the programme and continued practice of the technique will help participants cope with this. Where it doesn't, the researcher/teacher is available, and it is recommended that participants access their supervisors should difficulties arise.

You are under no obligation to participate in this study, but if you do wish to please let me know to secure yourself a place on the programme. On the first evening I will ask you to fill in a consent form stating that you understand what is required here. All information you provide is confidential and your name will not be used.

Thank you very much for your time and help in making this study possible. If you have any queries or wish to know more please phone me on the above number, or (07) 856 5469, email at **debrafraser@xtra.co.nz** or write to me at:

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For any queries regarding ethical concerns please  
The Chair, The University of Auckland Human Subjects Ethics Committee,  
The University of Auckland, Research Office - Office of the Vice Chancellor, Private Bag  
92019, Auckland. Tel. 373-7999 extn 87830

**APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS  
ETHICS COMMITTEE on ..... for a period of ..... years, from  
.../.../.... Reference ..011../...2003.**



## Appendix B – Participant Consent Form

(University of Auckland Letterhead)

**THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS**

Title: **Attention training/mindfulness as a stress reduction technique.**

Researcher: Debra Fraser

I have been given and have understood an explanation of this research project. I have had an opportunity to ask questions and have them answered.

I understand that I may withdraw myself or any **information traceable** to me at any time without giving a reason.

- I agree to take part in this research.
- I agree to be randomly allocated into attention training/mindfulness or support group.
- I agree that withdrawal from the study is at my own discretion
- .I agree that training sessions are audiotaped.
- I am willing to be interviewed at the end of the programme (and to have the interview audiotaped):        Yes    (*circle one*)

No

Signed:

Name:  
(*please print clearly*)

Email Address:

Phone Number:

Date:

**APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN SUBJECTS ETHICS COMMITTEE on ..... for a period of ..... years, from ...../...../..... Reference....2003..../....011...**

## Appendix C – Mindfulness Training

### Session 1

Guidelines for participation in the mindfulness training (privacy, confidentiality, regular attendance, home practice and record keeping). The rationale and overview of the programme is explained. The participants are asked about their expectations of the course and what they are like at their most stressed. A ‘definitions of mindfulness’ handout is given out.

Raisin Exercise – is the first meditation and teaches moment-to-moment awareness (seeing, chewing, tasting, swallowing in the present). Participants are asked to ‘notice’ the raisins in the ‘here and now’ and begin to notice what their mind ‘has to say’. They are asked to focus their attention on the breath in the same way. Feeling the abdomen rising and falling with each in and out breath, ‘tasting’ breath in same way as they taste the raisin, riding the waves of own breathing, non-judgmentally, with kindness, and bringing attention back to the breath and present moment when they have noticed that it wanders.

Automatic Pilot is explained and participants are asked to ‘step out’ of automatic pilot to become aware of the present moment, paying attention to the ‘here and now’. The next meditation, the body scan, is where attention is purposefully moved around the body, indicating how simple and how difficult this is. Participants are asked to observe and recognize their thoughts as ‘events in your mind’, that is “I am not my thoughts”.

Discussion and feedback - participants are asked to talk about how they found the meditation and if there are any problems they might envisage to practicing over the week. They are given homework, which is to do one activity mindfully as well as practicing the formal meditation. Audio tapes of the guided body scan and sitting meditation are distributed.

### Session 2

Every session begins with a meditation, participants practice meditation for one hour in every two hour session.

Participants are asked about their homework practice. They are taught that a ‘wandering’ mind is normal and this is a mainstay of mindfulness training. They are invited to accept all of their experience in the ‘here and now’. They are asked to work with the wandering mind, or ‘monkey mind,’ and invited to think of this as the mind’s ‘nature’, this is how minds ‘are’. Participants are asked to repeatedly refocus their attention on the ‘here and now’ and that coming back *to* the present moment is as important as staying *with* the present moment. They are asked to note where their mind goes, what topics it goes to, what thoughts they notice but to not get ‘lost’ in following these thoughts. And to desist from repression or suppression of thoughts and feelings or forcing them to be a certain way (similarly to sleep, it can’t be

forced!). Similarly to Lazarus and Folkman (1984) appraisal theory (see Chapter 2) participants are told that it is not the stressor per se but how they ‘handle it’.

Visualization – ‘lemon exercise’. Participants are asked to visualize cutting a lemon and putting it into their mouth. This exercise is designed to draw attention to how their mouth salivates at ‘the thought’ of the lemon and makes the connection between thoughts/mind and bodily responses.

Physiological Correlates of Stress – is discussed and explored.

Participants are asked to ‘notice’ a connection between thoughts and feelings. Mindful stretches or yoga is practiced. Homework involves practicing the sitting meditation daily and a ‘pleasant events calendar’ is distributed (participants are asked to notice pleasant events and thoughts, feelings and bodily sensations associated with these).

### **Session 3**

Mindful Stretches/Yoga is taught as a moving meditation. Homework is reviewed and participants are asked about their experience of the pleasant events exercise. How can they have pleasant moments in spite of being in crisis or pain? They are asked to note the importance of being ‘embodied’ in experience.

3-Minute Breathing Space Exercise (Segal, et al., 2002, p174). This is a shortened version of the body scan where attention is brought to what’s happening now, noting thoughts, notice and acknowledge feelings, and body sensations (getting participants out of ‘automatic pilot’). Attending to the breath, anchoring breath to be ‘really present’, and then expand the breath throughout the whole body, having a sense of the body as a whole. Homework is to notice unpleasant events (similarly to pleasant events above) and alternating the body scan and sitting practice meditations. They are asked to be mindfully aware of one meal, brushing teeth or taking a shower once this week.

### **Session 4**

A homework review asks ‘what are people seeing/feeling/learning?’ A discussion of definitions of stress (models by Selye,1974; Lazarus & Folkman, 1984). Notions of reactivity, automaticity, and mindlessness are discussed. People often cope with stress by escape into drugs, alcohol, suppression of feelings, suicide, overwork. The theme is – ‘It’s not the stress but how we handle it.’

What is stress? How does it influence mind/body/health? List: what you find most stressful and how you cope? Common experiences of stress reactivity in everyday life and options for responding differently? This is related to the practice of attention training/mindfulness in daily life. Connections are made to perceptions and appraisals in critical moments and with

arising of reactive emotions. Emotional tolerance (“The Guesthouse” poem) inviting emotions as though they were guests in one’s house, even if they are guests that “sweep our house clean of its furniture” (Rumi).

Unpleasant Events Calendar - What makes something unpleasant in the first place? What is the quality of the feeling state of unpleasantness? Participants are invited to view this as the mind’s construction or judgment of these experiences, i.e., suffering over one’s suffering (list feelings, thoughts, patterns of behaviour). How is this associated with expectations?

Notice: Attachment to Pleasant, Avoidance of Unpleasant events, people and experiences.

### **Session 5**

The homework review asks for participants’ observations of their reactions to stressful events during the week. The group discusses the role of emotional reactivity in health and illness. They are invited to acknowledge and accept feelings, expressing them effectively to achieve one’s purpose. And invited to consider that people generally compound their problems rather than find effective solutions (get group to connect to this to mindfulness practice). Relationship between cognition and emotion - debate about a connection, mindfulness of thought processes can interrupt and modify habitual stress-inducing patterns of appraisal and thought. Consider cognitive distortions (what are examples?), irrational assumptions and beliefs (examples?). The identification of self with the contents of thoughts is demonstrated (The “Coffee Cup” Ex.)

3-Minute Breathing Space Exercise (Segal, et al., 2002, p.184).

Mindful Stretches - yoga/mindful stretches

Homework – Participants are invited to make the practice their own, to take 30 mins and practice without the aid of the audiotape (and to self-monitor the cognitive appraisals associated with stressful experiences), to practice mindfulness in a conversation.

### **Session 6**

Homework review asks what did participants notice, especially about conversations, especially difficult one’s? What did they notice about cognitive appraisals and identification with thoughts? What was it like to practice with no tape and making the practice their own?

Changing Seats (several times) participants are asked to notice how the class looks? To chose a seat they don’t like, what do they notice? (“Being at home wherever you are”).

Discussion – mindfulness of breath. Were the expectations of the training met? What did the participants hope for from this programme, and what did they get? What did they learn? What sacrifices did they make? Where to from here? Will they use mindfulness? How will they use it? What will they need to help with this?

## **Appendix D – Diary and Interview Questions**

### ***Daily Diary Questions***

- What did you find stressful today, if not stressful, describe your day? What were the stressors?
- What did you notice? What happened?
- How did you react? Why do you think you were more/less reactive than you may have been? (or were you as reactive as always?). What happened as a consequence of your reactions?

### ***Semi- Structured Interview Questions***

What do you notice is different for you since you did the mindfulness course?

What do you see mindfulness as?

How do you think mindfulness works?

How is that related to the changes you made?

What happened in the course for you?

What aspects or part was more relevant than others?

Did you feel you made progress all the way through or was there a point when it seemed to come together?

## Appendix E – Daily Diary Cover Sheet

(University of Auckland Letterhead)

WEEK \_\_\_\_\_.

CODE \_\_\_\_\_

### DAILY DIARY

The following questions are a guide to the writing of this diary; as best you can, focus on these areas. Please try to limit your writing to one page and focus on the more important parts of your experience. Remember this diary is confidential!

*What did you find stressful today, if not stressful, describe your day? What were the stressors?*

*What did you notice? What happened?*

*How did you react? Why do you think you were more/less reactive than you may have been? (or were you as reactive as always?). What happened as a consequence of your reactions?*

(Please bring this week's diary with you to the next session to receive the next one).

**REMINDER: Please fill in the questionnaire online as soon as you can after session (the site will close at 1 am Friday morning) – please fill in every box and you can use your tab button to move between boxes.**

[www.health.auckland.ac.nz/questionnaire/](http://www.health.auckland.ac.nz/questionnaire/)

THANK YOU!

Debra Fraser

## List of References

- Abercrombie, N., Hill, S. & Turner, B. (1984). *Dictionary of sociology*. Middlesex, England: Penguin Books
- Allen, L. (2002). 'As far as sex goes I don't really think about my body: Young men's corporeal experience of (hetero)sexual pleasure. In H. Worth, A. Paris & L. Allen (Eds.), *The life of Brian: Masculinities, sexualities and health in New Zealand*. (pp. 129-38). Dunedin, New Zealand: University of Otago Press.
- Arnetz, B. & Ekman, R. (Eds.) (2007). *Stress in health and disease*. UK: Wiley-Blackwell Publishing Ltd.
- Astin, J. (1997). Stress reduction through mindfulness meditation: Effects on psychological symptomatology, sense of control, and spiritual experiences. *Psychotherapy and Psychosomatics*, 66, 97-106.
- Auerbach, S. & Gramling, S. (1998). *Stress management: Psychological foundations*. New Jersey: Prentice Hall.
- Bach, P. & Hayes, S. (2002). The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 70(5), 1129-39.
- Baer, R. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10(2), 125-43.
- Baer, R. & Smith, G. & Allen, K. (2004). Assessment of mindfulness by self-report: The Kentucky inventory of mindfulness skills. *Assessment*, 11(3), 191-206.
- Baer, R., Smith, G., Hopkins, J., Krietemeyer J. and Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13(1), 27-45.
- Bennett-Goleman, T. (2001). *Emotional alchemy: How the mind can heal the heart*. London: Rider.

- Bishop, S. (2002). What do we really know about mindfulness-based stress reduction? *Psychosomatic Medicine*, 64, 71-84.
- Bishop, S., Lau, M., Shapiro, S., Carlson, L., Anderson, N., Carmody, J., Segal, Z., Abbey, S., Speca, M., Velting, D. & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, 11(3), 230-241.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, N.J: Prentice-Hall.
- Bosma, H., Marmot, M.G., Hemingway, H., Nicholson, A.C., Brunner, E. & Stansfeld, S.A. (1997). Low job control and risk of coronary heart disease in Whitehall II (prospective cohort) study. *British Medical Journal*, 314, 558-65.
- Bracken, P. (2002). *Trauma: Culture, meaning and philosophy*. London: Whurr Publishers Ltd.
- Brazier, C. (2003). *Buddhist psychology: Liberate your mind, embrace life*. London: Constable & Robinson, Ltd.
- Breslin, F.C., Zack, M. & McMMain, S. (2002). An information-processing analysis of mindfulness: Implications for relapse prevention in the treatment of substance abuse. *Clinical Psychology: Science and Practice*, 9(3), 275-99.
- Briner, R. (1997). Improving stress assessment: Toward an evidence-based approach to organisational stress interventions. *Journal of Psychosomatic Research*, 43, 61-71.
- Brown, S.D. (1999). Stress as regimen: Critical readings of self-help literature. In C. Willig (Ed.). *Applied discourse analysis: Social and psychological interventions* (pp. 22-43). Buckingham, England: Open University Press.
- Brown, K. & Ryan, R. (2004). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), 822-48.
- Burr, V. (1999). The extra-discursive in social constructionism. In D.J. Nightingale and J. Crosby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. 113-126). Buckingham, England: Open University Press.
- Burwood, S., Gilbert, P. & Lennon, K. (1999). *Philosophy of mind*. London: UCL Press.



- Butt, T. (1999). Realism, constructionism and phenomenology. In D.J. Nightingale and J. Crosby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. 127-140). Buckingham, England: Open University Press.
- Carver, C. & Sheier, M. (1990). Principles of self-regulation: Action and emotion. In E. T. Higgins & R. M. Sorrentino (Eds.), *Handbook of motivation and cognition: Foundations of social behavior* (pp.3-52). New York: Guilford.
- Carver, C., Sheier, M. & Weintraub, J. (1989). Assessing coping strategies: A theoretically-based approach. *Journal of Personality and Social Psychology*, 56, 267-83.
- Cayoun, B.A. (2004). *Mindfulness-based cognitive behaviour therapy: Principles and guidelines*. Working Draft. Tasmania: Uniprint.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In Denzin, N.K. & Lincoln, Y.S. (Eds.) (2000). *Handbook of qualitative research* (2<sup>nd</sup> Ed.) (pp.509-35). London: Sage Publications.
- Chödrön, P. (1991). *The wisdom of no escape. And the path of loving-kindness*. London: Harper Collins Publishers.
- Coffey, A. & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage Publications, Inc.
- Clarke, I. (1999). Cognitive therapy and serious mental illness. An interacting cognitive subsystems approach. *Clinical Psychology and Psychotherapy*, 6, 375-83.
- Cohen, S., Kamarck, T. & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.
- Consumers' Institute of New Zealand. (1997). *The less stress book: How to turn stress to your advantage*. Wellington, New Zealand: J. Parkin.
- Cooper, C. & Dewe, P. (2004). *Stress: A brief history*. Oxford: Blackwell Publishing.
- Cooper, D.E. (1996). *World philosophies: An historical introduction*. Oxford, UK: Blackwell Publishers Ltd.

- Costa, J., Somerfield, M. & McRae, R. (1996). Personality and coping: A reconceptualisation. In M. Zeidner and N. S. Endler (Eds.), *Handbook of coping* (pp. 44-64). New York: John Wiley and Sons.
- Coyne, J. & Racioppo, M. (2000). Never the twain shall meet? Closing the gap between coping research and clinical intervention research. *American Psychologist*, 55(6), 655-664.
- Crosby, J. & Nightingale, D.J. (1999). What's wrong with social constructionism? In Nightingale, D.J. & Crosby, J. (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. 1-20). Buckingham, England: Open University Press.
- Crosby, J. & Standen, P. (1999). Taking our selves seriously. In Nightingale, D.J. & Crosby, J. (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. 141-156). Buckingham, England: Open University Press.
- Dahl, J., Wilson, K., & Nilsson, A. (2004). Acceptance and commitment therapy and the treatment of persons at risk for long-term disability resulting from stress and pain symptoms: A preliminary randomized trial. *Behavior Therapy*, 35, 785-801.
- Dalai Lama. (1996). *The good heart. His Holiness the Dalai Lama explores the heart of Christianity – and of humanity*. London: Rider.
- Dalai Lama. (2005). *The universe in a single atom*. New York: Morgan Road Books.
- Davidson, R., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S., Urbanowski, F., Harrington, A., Bonus, K. & Sheridan, J. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, 65, 564-70.
- De Bono, E. (1995). *Teach yourself to think*. London: Penguin Books.
- Denzin, N.K. & Lincoln, Y.S. (Eds.) (2000). *Handbook of qualitative research* (2<sup>nd</sup> Ed.). London: Sage Publications.
- Department of Labour (2003). *Healthy Work: Managing stress and fatigue in the workplace*. Wellington, New Zealand: Occupational Safety and Health Service (OSH).

- Dewe, P., & O'Driscoll, M. (2002). Stress management interventions: What do managers actually do? *Personnel Review*, 31, 143-65.
- Dey, I. (1999). *Grounding grounded theory: Guidelines for qualitative inquiry*. London: Academic Press.
- Diener, E., Emmons, R., Larsen, R. & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-5.
- Dimidjian, S. & Linehan, M. (2003). Defining an agenda for future research on the clinical application of mindfulness practice. *Clinical Psychology: Science and Practice*, 10(2), 166-171.
- Dodds, E.R. (1951). *The Greeks and the irrational*. Los Angeles: University of California Press.
- Doublet, A. *The Stress Myth* (2000). Chesterfield, MO: Science and Humanities Press.
- Durie, M. (1989). A move that's well overdue: Shaping counselling to meet the needs of Maori people. *New Zealand Journal of Counselling*, 11(1), 13-23.
- Ecker, B. & Hulley, L. (2007). *Depth-oriented brief therapy*. Retrieved July 8, 2007, from <http://www.newtherapist.com/ecker6.html>
- Efran, J.S., Lukens, M.D. & Lukens, R.J. (1990). *Language structure and change: Frameworks of meaning in psychotherapy*. New York: W.W Norton & Company
- Epstein, M. (1995). *Thoughts without a thinker: Psychotherapy from a Buddhist perspective*. New York: Basic Books.
- Farrell, F. (2002). *The hopeful traveller*. Auckland, New Zealand: Random House.
- Fisher, D., Beutler, L. & Williams, O. (1999). Making assessment relevant to treatment planning: The STS Clinician Rating Form. *Journal of Clinical Psychology*, 55, 825-42.
- Folkman, S., Chesney, M., McKusick, L., Ironson, G., Johnson, D., & Coates, T. (1991). Translating coping theory into an intervention. In J. Eckenrode (Ed.) *The social context of coping* (pp. 239-60). New York : Plenum Press.

- Fulton, P. & Siegel, R. (2005). Buddhist and Western psychology. In C.K. Germer, R.D. Siegel, & P.R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp 28-51). New York: Guilford Press.
- Furedi, F. (2004). *Therapy culture: Cultivating vulnerability in an uncertain age*. London: Routledge.
- Galantino, M., Baime, M., Maguire, M., Szapary, P. & Farrar, J. (2005). Short communication: Association of psychological and physiological measures of stress in health-care professionals during an 8-week mindfulness meditation program: mindfulness in practice. *Stress and Health, 21*, 255-61.
- Ganster, D., Mayes, B., Sime, W. & Tharp, G. (1982). Managing organisational stress: a field experiment. *Journal of Applied Psychology, 67*(5), 533-42.
- Gergen, K.J. (1991). *The saturated self: Dilemmas of identity in contemporary life*. New York: Basic Books.
- Gergen, K.J. (1999). *An invitation to social construction*. London: Sage Publications.
- Germer, C. (2005). Mindfulness: What is it? What does it matter? In C.K. Germer, R.D. Siegel, & P.R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp 3-27). New York: Guilford Press.
- Giles, D.C. (2002). *Advanced research methods in psychology*. East Sussex, England: Routledge.
- Girdano, D., Everly, G., & Dusek, D. (Eds.) (1997). *Controlling stress and tension* (5<sup>th</sup> Ed). Massachusetts, US: Viacom Company.
- Glaser, B. (1992). *Basics of grounded theory analysis*. Mill Valley, CA: Sociology Press.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, US: Aldine.
- Goodison, L. (1990). *Moving heaven and earth: Sexuality, spirituality and social change*. London: The Women's Press.

- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research*, 57, 35-43.
- Gubrium, J.F. & Holstein, J.A. (1997). *The new language of qualitative method*. New York: Oxford University Press.
- Gunaratana, H. (1992). *Mindfulness in plain english*. Boston, US: Wisdom Publications.
- Harkness, A., Long, B., Bermbach, N., Patterson, K., Jordan, S., & Kahn, H. (2005). Talking about work stress: Discourse analysis and implications for stress interventions. *Work & Stress*, 19(2), 121-36.
- Harré, R. (1999). Discourse and the embodied person. In D. Nightingale & J. Crosby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. 97-113). Buckingham, England: Open University Press
- Hayes, S. & Shenk, C. (2004). Operationalizing mindfulness without unnecessary attachments. *Clinical Psychology: Science and Practice*, 11(3), 249-54.
- Hayes, S. & Wilson, K. (2003). Mindfulness: Method and process. *Clinical Psychology: Science and Practice*, 10(2), 161-5.
- Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: The Guilford Press.
- Henwood, K. (1996). Qualitative inquiry: perspectives, methods and psychology. In J.T.E Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences* (pp. 25-40). Leicester, England: BPS Books (The British Psychology Society).
- Henwood, K. & Pidgeon, N. (1995). Remaking the link: Qualitative research and feminist standpoint theory. *Feminism and Psychology*, 5, 7-30.
- Holmes, T.H. & Rahe, R.H. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research*, 11(2), 213-218.
- Hoyle, R. (2007). *International Society for Self and Identity: Self and Identity in Everyday Life University of Kentucky*. Retrieved June 6, 2007, from <http://www.psych.neu.edu/ISSI/daily.htm>

- Johansen, B.C.P & Gopalakrishna, D. (2006). A Buddhist view of adult learning in the workplace. *Advances in Developing Human Resources*, 8, 3, 337-45.
- Jones, F. & Bright, J. (2001). *Stress: Myth, theory and research*. England: Pearson Educational Limited.
- Jones, F. & Kinman, G. (2001). Approaches to studying stress. In F. Jones & J. Bright (Eds.), *Stress: Myth, theory and research* (pp. 17-45). England: Pearson Educational Limited.
- Kabat-Zinn, J. (1982). An out-patient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4(1), 33-47.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Dell Publishing.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are*. New York: Hyperion.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-56.
- Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness*. New York: Hyperion.
- Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). The clinical use of mindfulness mediation for the self-regulation of chronic pain. *Journal of Behavioral Medicine*, 8(2), 163-190.
- Kabat-Zinn, J., Lipworth, L., Burney, R. & Sellers, W. (1987). Four-year follow-up of a meditation-based program for the self-regulation of chronic pain: treatment outcome and compliance. *Clinical Journal of Pain*, 2, 159-73.
- Kabat-Zinn, J., Massion, A., Kristeller, J., Peterson, L., Fletcher, K., Pbert, L., Lenderking, W., & Santorelli, S. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, 149(7), 936-943.
- Kant, I. (1992). *The Cambridge edition of the works of Immanuel Kant - Theoretical philosophy 1755-1770* - From: M. Immanuel Kant's announcement of the programme of

his lectures for the winter semester (1765-1766). In D. Walford in collaboration with R. Meerbote (translated, ed.). Cambridge: University Press.

Kaplan, K., Goldenberg, D. & Galvin-Nadeau, M. (1993). The impact of a meditation-based stress reduction program on fibromyalgia. *General Hospital Psychiatry*, 15, 284-9.

Kelly, P. & Coloquhoun, D. (2005). The professionalization of stress management: Health and well-being as a professional duty of care? *Critical Public Health*, 15(2), 135-45.

Kenny, D. (2000). The psychological foundations of stress and coping: A developmental perspective. In D. Kenny, J. Carlson, F. McGuigan, & J. Sheppard (Eds.), *Stress and health: Research and clinical applications* (pp. 73-104). Australia: Harwood Academic Publishers.

Kiely, R. (1996). Preface. In the Dalai Lama *The good heart: His Holiness the Dalai Lama explores the heart of Christianity – and of humanity* (pp. ix-xiv). London: Rider.

Kinman, G. & Jones, F. (2001). The home-work interface. In F. Jones and J. Bright (Eds.), *Stress: Myth, theory and research* (pp. 199-220). England: Pearson Educational Limited.

Kinman, G. & Jones, F. (2005). Lay representations of workplace stress: What do people really mean when they say they are stressed? *Work & Stress*, 19(2), 101-20.

Kranz, K. & Long, B. (2002). Messages about stress in two North American women's magazines: Helpful? We think not! *Feminism & Psychology*, 12(4), 525-30.

Kristeller, J. & Hallett, C. (1999). An exploratory study of a meditation-based intervention for binge eating disorder. *Journal of Health Psychology*, 4(3), 357-63.

Kugelman, R. (1992). *Stress: The nature and history of engineered grief*. London: Praeger.

Langer, E. (1989). *Mindfulness*. Massachusetts, US: Da Capo Press.

Langer, E. (1997). *The power of mindful learning*. United States: Addison-Wesley Publishing Co.

Langer, E. & Moldoveanu, M. (2002). Mindfulness research and the future. *Journal of Social Issues*, 56, 1, 129-39.

- Lau, M. & McMain, S. (2005). Integrating Mindfulness meditation with cognitive and behavioural therapies: The challenge of combining acceptance- and change-based strategies. *Canadian Journal of Psychiatry*, 50(13), 863-869.
- Lazarus, R. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, 44, 1-21.
- Lazarus, R. (2000). Toward better research on stress and coping. *American Psychologist*, 55(6), 665-73.
- Lazarus, R. & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer Publishing Company.
- LeCompte, M.D., & Preissle, J. (1993). *Ethnography and qualitative design in educational research* (2<sup>nd</sup> Ed.). New York: Academic Press.
- Levitt, J., Brown, T., Orsillo, S. & Barlow, D. (2004). The effects of acceptance versus suppression of emotion on subjective and psychophysiological response to carbon dioxide challenge in patients with panic disorder: Research on acceptance and commitment therapy. *Behavior Therapy*, 35(4), 747-766.
- Lewig, K. & Dollard, M. (2001). Social construction of work stress: Australian newsprint media portrayal of stress at work, 1997-98. *Work & Stress*, 15(2), 179-90.
- Lewis, C.S. (1948). *Miracles: A preliminary study*. London: Geoffrey Bles Ltd.
- Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: The Guilford Press.
- Lipowski, Z.J. (1977). Psychosomatic medicine: Current trends and clinical applications. In Z.J. Lipowski, D.R. Lipsitt, & P.C. Whybrow (Eds.), *Psychosomatic medicine: Current trends and clinical applications* (pp. xiii-xix). New York: Oxford University Press.
- Lobel, M & Dunkel-Schetter, C. (1990). Conceptualizing stress to study effects on health: Environmental, perceptual and emotional components. *Anxiety Research*, 3, 213-30.
- Marlatt, G. & Gordon, J. (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. New York: Guilford Press.



- Mason, O. & Hargreaves, I. (2001). A qualitative study of mindfulness-based cognitive therapy for depression. *British Journal of Medical Psychology*, 74(2), 197-213.
- May, T. (2005). *Gilles Deleuze: An introduction*. New York: Cambridge University Press.
- McKenna, M.C., Zevon, M.A., Corn, B. & Rounds, J. (1999). Psychosocial factors and the development of breast cancer: A met-analysis. *Health Psychology*, 18, 520-31.
- McManus, C. (2003). *Group wellness programs for chronic pain and disease management*. Washington: Butterworth Heinemann.
- Melbourne Academic Mindfulness Interest Group (2006). Mindfulness-based psychotherapies: a review of conceptual foundations, empirical evidence and practical considerations. *Australian and New Zealand Journal of Psychiatry*, 40, 285-94.
- Melucci, A. (1996). *The playing self: Person and meaning in the planetary society*. Cambridge: Press Syndicate.
- Meyerson, D. (1994). Interpretations of stress in institutions: The cultural production of ambiguity and burnout. *Administrative Science Quarterly*, 39, 628-53.
- Miller, J., Fletcher, K, & Kabat-Zinn, J. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General Hospital Psychiatry*, 17, 192-200.
- Montuori, A. (2005). Literature Review as Creative inquiry. Reframing scholarship as a creative process. *Journal of Transformative Education*, 1(X), Month, 1-20. Sage Publications.
- Moos, R. & Holahan, C. (2003). Dispositional and contextual perspectives on coping: toward an integrative framework. *Journal of Clinical Psychology*, 59, 1387-1403.
- Morse, J. & Bottorff, J. (1992). The emotional experience of breast expression. In J. Morse (Ed.), *Qualitative health research*. Newbury Park, CA: Sage Publications, Inc.
- Mossner, E.C. (Ed.) (1969). *David Hume: A treatise of human nature*. Middlesex, England: Penguin Books.

- Murphy, L. R. (1996). Stress management techniques: secondary prevention of stress. In M.J. Schabracq, J. A. M. Winnubst, & C. L. Cooper (Eds.), *Handbook of work and health psychology* (pp.427-441). Chichester: Wiley and Sons.
- Murray, M. & Chamberlain, K. (1999). Health psychology and qualitative research. In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp. 3-15). London: Sage Publications.
- Needleman, J. (1998). *Time and the soul*. New York: Doubleday.
- Nevid, J., Rathus, S., & Greene, B. (2000). *Abnormal psychology in a changing world* (4<sup>th</sup> Ed.). New Jersey: Prentice Hall.
- Newman, J. & Beehr, T. (1979). Personal and organisational strategies for handling job stress: A review of research and opinion. *Personnel Psychology*, 32, 1-43.
- Newton, T., Handy, J. & Fineman, S. (1995). “*Managing*” stress: *Emotion and power at work*. London: Sage.
- Newton, T. (1999). Stress discourse and individualisation. In C. Feltham (Ed.). *Controversies in psychotherapy and counselling* (pp. 241-251). London: Sage.
- Nightingale, D.J. & Crosby, J. (Eds.) (1999). *Social Constructionist Psychology: A critical analysis of theory and practice*. Buckingham, England: Open University Press.
- Olendzki, A. (2005). The roots of mindfulness. In C.K. Germer, R.D. Siegel, & P.R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp. 241-261). New York: Guilford Press.
- Orona, C.J. (1997). Temporality and identity loss due to Alzheimer’s disease. In A.L. Strauss & J. Corbin (Eds.). *Grounded Theory in Practice* (pp.171-196). Thousand Oaks, CA: Sage
- Ott, M., Norris, R., & Bauer-Wu, S. (2006). Mindfulness meditation for oncology patients: a discussion and critical review. *Integrative Cancer Therapies*, 5(2), 98-108.
- Palmer, S. & Dryden, W. (1995). *Counselling for stress problems*. London: Sage Publications.

- Parker, I. (1999). Critical reflexive humanism and critical constructionist psychology. In Nightingale, D.J. & Crosby, J. (Eds.) *Social constructionist psychology: A critical analysis of theory and practice* (pp. 23-36). Buckingham: Open University Press.
- Pattison, E. (2004). *Beautiful ghosts*. London: Century.
- Payne, R., Lane, D. & Leahy, M. (1989). Work and non-work factors as perceived causes of symptoms of psychological strain. *Work & Stress*, 3, 347-51.
- Picardi, A. & Abeni, D. (2001). Stressful life events and skin diseases: Disentangling evidence from myth. *Psychotherapy and Psychosomatics*, 70(3), 118-37.
- Pollock, K. (1988). On the nature of social stress: Production of a modern mythology. *Social Science and Medicine*, 26(3), 381-92.
- Quick, J. C. & Quick, J. D. (1984). *Organisational stress and preventive management*. New York: McGraw-Hill Publishing Company.
- Quick, J. C., Quick, J., D., Nelson, D.L., & Hurrell, J.J. (1997). *Preventative stress management in organisations*. Washington: American Psychological Association.
- Reibel, D., Greeson, J., Brainard, G. & Rosenzweig, S. (2001). Mindfulness-based stress reduction and health-related quality of life in a heterogeneous patient population. *General Hospital Psychiatry*, 23, 183-92.
- Richardson, T.T.E. (Ed.) (1996). *Handbook of qualitative research methods for psychology and the social sciences*. Leicester: BPS Books (The British Psychology Society).
- Robert-McComb, J., Tacon, A., Randolph, P. & Caldera, Y. (2004). A pilot study to examine the effects of a mindfulness-based stress-reduction and relaxation program on levels of stress hormones, physical functioning, and sub-maximal exercise responses. *The Journal of Alternative and Complementary Medicine*, 10(5), 819-27.
- Roemer, L. & Orsillo, S. (2002). Expanding our conceptualisation of and treatment for generalized anxiety disorder: integrating mindfulness/acceptance-based approaches with existing cognitive-behavioral models. *Clinical Psychology: Science and Practice*, 9(1), 54-68.
- Roth, B. (1997). Mindfulness-based stress reduction in the inner city. *Advances*, 13, 50-8.

- Rose, N. (1999). *Governing the soul: The shaping of the private self*. London: Free Association Books.
- Salmon, P.G., Santorelli, S.F. & Kabat-Zinn, J. (1998). Intervention elements promoting adherence to mindfulness-based stress reduction programs in the clinical behavioral medicine setting. In S.A. Shumaker, E.B. Schron, J.K. Ockene, & W.L. Bee (Eds.), *Handbook of Health Behavior Change* (2<sup>nd</sup> Ed., pp.239-266). New York: Springer.
- Santorelli, S. (1999). *Heal thy self: Lessons on mindfulness in medicine*. New York: Bell Tower.
- Schabracq, M., Winnubst, J. & Cooper, C. (Eds.) (1996). *Handbook of work and health psychology*. Chichester, England: John Wiley & Sons.
- Schwandt, T. (2007). *The Sage dictionary of qualitative inquiry* (3<sup>rd</sup> Ed.). Thousand Oaks, CA: Sage Publications Inc.
- Schwartz, J. (1996). *Brain lock*. New York: Regan Books.
- Scott-Howman, A. & Walls, C. (2003). *Workplace stress in New Zealand*. Retrieved June 6, 2007, from [http://www.bellgully.com/resources/resource\\_00341.asp](http://www.bellgully.com/resources/resource_00341.asp)
- Segal, Z., Williams, J. & Teasdale, J. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.
- Self and Identity Journal, Psychology Press. Retrieved June 6, 2007, from <http://www.tandf.co.uk/journals/titles/15298868.asp>.
- Selye, H. (1974). *Stress without distress*. Philadelphia: J.B. Lippincott Company
- Shand, J. (1993). *Philosophy and philosophers: An introduction to Western philosophy*. London: Penguin.
- Shapiro, S., Schwartz, G. & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine*, 21, 581-99.
- Siegel, D. (1999). *The developing mind*. New York: The Guilford Press.
- Smart, N. (1999). *World philosophies*. London: Routledge.

- Sogyal Rinpoche (2002). *The Tibetan book of living and dying*. London: Rider.
- Solomon, R.C. (1990). *The big questions. A short introduction to philosophy* (3<sup>rd</sup> Ed.). Fort Worth, US: Harcourt Brace Jovanovich College Publishers.
- Somerfield, M. & McCrae, R. (2000). Stress and coping research: Methodological challenges, theoretical advances, and clinical applications. *American Psychologist*, 55(6), 620-25.
- Specia, M., Carlson, L., Goodey, E. & Angen, M. (2000). A randomized wait-list controlled trial: The effects of a mindfulness meditation-based stress reduction program on mood and symptoms of stress in cancer outpatients. *Psychosomatic Medicine*, 62, 613-22.
- Stangroom, J. & Garvey, J. (2005). *The Great Philosophers*. London: Arcturus Publishing Ltd.
- Styron, C. (2005). Positive psychology: Awakening to the fullness of life. In C. Germer, R, Siegel, & P. Fulton (Eds.), *Mindfulness and Psychotherapy* (pp.262-82). New York: Guilford Press.
- Surawy, C., Roberts, J., & Silver, A. (2005). The effect of mindfulness training on mood and measures of fatigue, activity, and quality of life in patients with chronic fatigue syndrome on a hospital waiting list: as series of exploratory studies. *Behavioural and Cognitive Psychotherapy*, 33, 103-9.
- Tart, C. (1994). *Living the mindful life: A handbook for living in the present moment*. Boston: Shambhala.
- Tart, C. (2004). Forward. In S. Young. *Break Through Pain: A Step-by-step Mindfulness Meditation Program for Transforming Chronic and Acute Pain* (pp.ix-xi). Boulder: Sounds True, Inc.
- Teasdale, J., Segal, Z., Williams, J., Ridgeway, V., Soulsby J. & Lau, M. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68, 615-23.
- Tennen, H., Affleck, G. Armeli, S. & Carney, M. (2000). A daily process approach to coping: Linking theory, research, and practice. *American Psychologist*, 55, 626-36.

- Thich Nhat Hanh (1976). *The miracle of mindfulness: A manual for meditation*. Boston: Beacon.
- Usher, R. (1997). Introduction. In G. McKenzie, J. Powell & R. Usher (Eds.), *Understanding Social Research: Perspectives on Methodology and Practice* (pp.1-7). London: The Falmer Press.
- Vaughan G.M. & Hogg, M.A. (1998). *Introduction to social psychology*. Sydney: Prentice Hall.
- Wainwright, D. & Calnan, M. (2002). *Work stress: The making of a modern epidemic*. Buckingham: Open University Press.
- Watson, D., Clark, L. & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personal and Social Psychology*, 54(6), 1063-70.
- Wells, A. (2000). *Emotional disorders and metacognition: Innovative cognitive therapy*. Chichester, UK: Wiley. Pp.14-32.
- Westen, D. & Morrison, K. (2001). A multidimensional meta-analysis of treatments for depression, panic, and generalized anxiety disorder: an empirical examination of the status of empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 69(6), 875-99.
- Willig, C. (1999). Beyond appearances: A critical realist approach to social constructionist work. In D.J. Nightingale & J. Crosby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice*. Buckingham, England: Open University Press.
- Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and method*. Open University Press: Buckingham.
- Wolff, H. G. (1953). *Stress and disease*. Springfield Ill: Charles G. Thomas.
- Young, S. (2004). *Breaking through pain*. Boulder, CO: Sound True, Inc.
- Zeidner, M. & Endler, N. (Eds.) (1996). . Introduction in M. Zeidner & N. Endler (Eds.), *Handbook of coping: Theory, research, applications* (pp.3-23). New York: John Wiley & Sons, Inc.