

An evaluation of a mindfulness group

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Abstract: *This paper describes a mindfulness group and illustrates the benefits of mindfulness groups for people who access NHS/Local Authority mental health services in terms of learning mindfulness skills, becoming more mindful in daily life and in terms of improvements in psychological well-being.*

Key words: *mindfulness; meditation; mental health; groupwork; group*

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Introduction

The concept of mindfulness has its roots in Eastern spiritual traditions where conscious attention and awareness are actively cultivated. It is commonly defined as the attainment of a state of being attentive to and aware of what is taking place in the present (Brown and Ryan, 2003). For many centuries Buddhist and other contemplative traditions have maintained that mindfulness meditation can lead to reduced suffering and increased well-being. In recent decades traditional mindfulness practices have been adapted for use in the West and have been incorporated into several well-researched psychological approaches. These include mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1994), mindfulness-based cognitive therapy (MBCT; Segal, Williams and Teasdale, 2002) and dialectical behaviour therapy (DBT; Linehan, 1993). Mindfulness is also used as a central tool for personal development in psychosynthesis and core process psychotherapy. The range of problems in which interventions incorporating mindfulness are being used is growing rapidly and includes eating distress, stress and anxiety, depression, pain management, long-term impacts of abuse and psychosis. The empirical literature shows considerable support for the efficacy of mindfulness-based approaches, and conceptual and theoretical understandings of how it may work have advanced (Baer, 2006).

This paper describes a 10-week mindfulness group and uses evaluation data to analyse how effective the group was in improving mindfulness skills of participants and whether the group had an impact on their mental health. Participants also rated how helpful they had found the group, whether their aims for attending had been met, and gave general feedback about the group.

The Mindfulness Group

The facilitators' main aim for the Mindfulness Group was that it might help participants to develop different relationships with their experiences of their thoughts, feelings and physical sensations through learning the skill of mindfulness. Hanh (1976) defined mindfulness as 'keeping one's consciousness alive to the present reality' (p.11).

Mindfulness is about paying attention in a particular way: on purpose, in the present moment, and non-judgmentally (Kabat-Zinn, 1994). This is in contrast to denying, pushing away, becoming attached to or being pre-occupied with our experience of our thoughts, feelings and sensations. Mindfulness is about learning to see more clearly the patterns of the mind, and learning how to recognise thoughts, feelings and sensations as they arise.

By becoming more aware of moment by moment changes in the mind and body and by observing these changes in a non-judgemental way, it was hoped that the Mindfulness Group participants might develop more 'space' around their thoughts, feelings and sensations. From this *dis-identified* position it is easier to see the patterns of experience. By simply observing their experience in the present moment with non-judgemental awareness and without attachment or aversion it was hoped that, with practice, participants might begin to develop the capacity to *be with* difficult feelings, to *let go* of ruminating thoughts, to create *psychological space* in which to think, and so have more choice about how to react to thoughts, feelings and sensations.

The participants and the setting up of the group

A poster and information sheet were developed outlining the sorts of difficulties that learning the skill of mindfulness might help with and these were displayed in the local Community Mental Health Team (CMHT) and Centre for Psychological Therapies, as well as being given to staff who worked in these centres, in order for them to pass on the information to people they thought might benefit from such a group. Statements on the poster included: Do you feel overwhelmed by intense emotions, difficult thoughts or unpleasant physical sensations? Do you feel that your mind is constantly on the go? Do you feel that you have little choice in the way you react to thoughts and feelings? Interested people were asked to contact the facilitators in order to meet us before the group started so as to find out more, and to think through with us whether the group might suit them. Eighteen people expressed an interest in the group and thirteen people, on a first-come first-served basis, were invited for an individual twenty-minute appointment.

Having a pre-group meeting gave us the opportunity to: explain what mindfulness is; answer any queries people had about the group;

give a brief overview of what the group involved; and lead each person through a short mindfulness exercise to give them a taster of the type of experiential exercises that would be conducted in the group. We were clear that the group was an experiential group to learn the skill of mindfulness rather than a discussion group about mindfulness or a therapy group where problems were the main focus. This brief meeting also allowed us to check people's expectations and reasons for wanting to attend the group. In general, people's main interest in attending was that they already had some knowledge or experience of mindfulness or meditation and were keen to learn new or develop existing skills, or mindfulness was new to them but they identified strongly with the statements on the recruitment poster. We were also able to ask about any factors that we felt might exclude them from attending the group (e.g. if they were in the midst of a crisis or very difficult personal circumstances that might make attending or practising mindfulness exercises difficult). It was during discussion of the need to do practice at home that some doubts were expressed about being able to do this, and as a result of these discussions one person decided that the group was not for him. Two other people did not attend this initial appointment. The appointments thus served to ensure as much as possible that the group would run with people who knew what they were participating in and were motivated to be part of the group and do the home practice of mindfulness exercises.

In the end we had a group of ten participants (another five were put on a waiting list should a similar group be run again). Participants were a mix of people, including people who were involved with the local CMHT (which focuses on people with multiple needs and severe problems that put them at risk of needing inpatient care), people who had previously attended groups or counselling at the department of psychological therapies and one person who had had no previous involvement in mental health services. Seven were women, three men.

The facilitators

The group was facilitated by the two authors. Morag had been practising mindfulness for over 15 years and has a professional interest in psychosynthesis. She took the lead in designing the course, leading the mindfulness exercises, responding to feedback from participants

about learning the skills in the sessions and responding to comments about home practice. Guy had training in and experience of groupwork but little prior knowledge of mindfulness. His main role was to help facilitate healthy group dynamics and make group interventions aimed at creating a 'work-group' culture (Bion, 1961). Guy joined in the practising of mindfulness skills during the session and completed the home practice, giving feedback alongside other participants during the sessions about its impacts and about difficulties in learning and practising mindfulness skills.

The content of the course and structure of the group

The content of the course combined knowledge and exercises from mindfulness based cognitive therapy (MBCT) for depression, mindfulness aspects of dialectic behaviour therapy (DBT) and psychosynthesis therapy. In DBT and MBCT the use of mindfulness is usually part of a therapy package for a specific diagnosis. In contrast, the Mindfulness Group was not designed for a specific diagnosis or problem. It was primarily aimed at difficulties with the way any of us might relate to our inner psychological experience. The group programme centred around the learning of general mindfulness skills, with sessions designed to build upon each other under themes such as *automatic pilot; body scan; mindfulness of the breath; staying present; allowing and letting be; and thoughts are not facts*. These sessions and associated handouts were adapted from those described in detail in the MBCT handbook (see Segal, Williams and Teasdale, 2002). The session on *loving kindness* which also included 'being with feelings' was adapted from the DBT practice guide (Linehan, 1993). Mindfulness CDs from the Oxford Cognitive Therapy Centre, designed and read by Mark Williams, were used in sessions and in home practice. Two sessions, one on *using mindfulness in everyday life* and one on *dis-identification from body, feelings and mind*, ideas taken from psychosynthesis (Ferruci, 1982), were included to support and further develop mindfulness ideas and skills. The first author is happy for any reader to contact her to clarify the content of any of the sessions and any adaptations made to exercises described in the original texts referred to above.

Sessions were run on a weekly basis at the department of psychological therapies for 10 weeks, each session lasting 2 hours with a short break.

Sessions consisted of exercises aimed at the learning and practice of mindfulness skills; short periods of feedback on the experience; descriptions of the home practice to be completed between each session (which usually consisted of repetitive (often daily) practice of an exercise for between 15 and 45 minutes); and discussion of people's experiences of doing the home practice. *Mindfulness of the Breath* (see Session 3) and the *Breathing Space* (see Session 4) were key exercises in the programme and once learned were practised during subsequent sessions and as part of any home practice. Mark Williams' *Guided Mindfulness Meditation Practice CDs* were provided to help people practise techniques at home.

The Group programme

The group was run as a set programme consisting of 10 planned sessions which taught different skills each week. It was designed in such a way that foundation skills were taught at the beginning with more complex skills being developed later. Group dynamics were facilitated and managed in ways that might maximise the learning and home practice of the skills. For example, in the opening session people introduced themselves by talking about their wishes for coming on the course and their interest in mindfulness, but if they started to discuss other things (e.g. talk in detail about their life or problems) they were gently brought back to focus on mindfulness. This helped create norms where our attention always returned to the group task of learning mindfulness skills. A very cohesive group that usually kept on task quickly developed. Similarly, in the ending sessions thoughts and feelings about the group coming to an end were addressed by incorporating them into a mindfulness exercise (rather than discussed separately) – see session 10 below.

Session 1 Automatic pilot

To understand that often we are not fully present to our experience, we are not getting our 'moment's worth' because we are on 'automatic pilot,' is the first step in developing mindfulness. The 'raisin exercise' (used regularly in mindfulness-based therapies) was used to facilitate an experiential understanding of both automatic pilot and mindfulness. In this exercise participants are each given a raisin and encouraged to explore this with their senses as though they have never seen anything

like it before. By eating the raisin in a 'mindful' way participants usually experience something very different from what they experience when they eat a raisin in their usual 'automatic' way. Home practice involved learning the skill of 'noticing' and being 'fully aware' whilst doing another everyday activity (e.g. brushing your teeth).

Session 2 Body scan

A body scan exercise was introduced in the session which involved participants being directed to focus upon each part of the body in turn and simply notice what they were experiencing. Participants are encouraged to bring an attitude of curiosity and friendliness to whatever they were experiencing, for example sensations such as aches and pains, clearly defined feelings such as guilt or excitement, or other less clearly defined sensations such as a tightness in the stomach or emptiness in the chest (which may be difficult to put into words). By focussing on the body and its changing sensations participants begin to see more clearly the 'chatter of the mind'. This exercise also introduces the idea that we are able to move our attention around at will and begins to encourage participants to be with whatever they are experiencing moment by moment without the need to change it.

Session 3 Mindfulness of the breath

Mindfulness of the breath was the central exercise practised throughout the rest of the group (both in sessions and at home practice). Using the breath as a focus, participants begin to experience that by giving the mind just one focus (the breath) we can notice when the mind has 'gone away' down a track of thinking. Focussing on the breath brings us back to the here and now.

Session 4 Staying present

This session focussed on using the breath as an anchor to be able to stay present to feelings and sensations experienced in the body. By holding both the breath and the body in awareness at the same time, participants begin to develop 'somewhere else to stand' from which to view their experience and begin to relate differently to their thoughts, feelings and sensations. The '3 minute breathing space' (which is a condensed version of this process) was also introduced. This exercise is more portable for use in everyday life.

Session 5 Allowing and letting be

We can be with our experience either in an accepting way or in a non-accepting, reactive way. Participants were encouraged to call to mind a difficult situation and to register the effect of this in their body. They were then encouraged to allow the experience to be just as it is, and to hold it in awareness without judging it; softening and opening to the experience as much as they were able. Responding in this way, described as 'allowing' or 'letting be,' is a radically different way of being with difficult and unwanted experiences for many people.

Session 6 Thoughts are not facts

Participants had been encouraged to watch thoughts come and go without feeling that they had to follow them. Using CBT scenarios participants could experience the non-factual nature of thoughts, which supports the idea in mindfulness practice that thoughts can be viewed as mental events that are produced by the mind - events that come into the field of awareness and then go again.

Session 7 Loving kindness

In this session a guided meditation was used to introduce the concept of loving kindness. The guided meditation asks participants to remember a time when they have felt loved and to rest in the feelings this invokes. The meditation continues through several stages until participants are asked to imagine being the source as well as the object of these feelings and to direct feelings of loving kindness to themselves. Loving kindness is a quality of the heart and is central to mindfulness practice. Whilst loving kindness for oneself can feel uncomfortable and be difficult to develop, it can also be very transformative, softening our relationship with very powerful feelings, when simple observation, staying present and allowing them to be is not enough.

Session 8 Bringing mindfulness practice into our daily lives

This session provided the group with an opportunity to practise core exercises without Morag being present to lead the practice, and to explore and discuss ways of incorporating mindfulness into people's daily life as part of preparation for the end of the group.

Session 9 The observer and dis-identification from body, feelings and mind

In this session an exercise taken from psychosynthesis was used to strengthen the group members' experience of finding 'somewhere else to stand' to view their experience. By identifying more strongly with 'the observer' who is watching sensations, feelings and thoughts, participants are more able to dis-identify from their experience and therefore become able to both hold it in awareness and stand back from it at the same time.

Session 10 Course review and ending

Participants were encouraged to use the skills that they had learned, e.g. of mindfully observing their thoughts, feelings and body sensations, to identify how they were experiencing the closing session. There were opportunities to review what people felt they had and had not gained from the group, to discuss ways of incorporating mindfulness into their daily lives and discuss the possibility of having follow-up meetings.

Evaluation of the group

The group was evaluated by means of pre-group and post-group questionnaires which were filled in anonymously and included the following measures:

Five Facet Mindfulness Questionnaire (FFMQ)

Designed by Baer et al (2006) and used in research conducted by the Oxford Cognitive Therapy Centre, the FFMQ has been shown to have high construct validity and scores on its dimensions have been shown to correlate positively with measures of psychological well-being and length of meditation experience (Baer et al, 2008). The dimensions (or facets) of mindfulness that it measures are:

Observing

This includes noticing or attending to internal and external experiences, such as sensations, cognitions (thoughts), emotions, sights, sounds and smells. As mindfulness is about 'learning to pay attention in the present

moment' as opposed to being on 'automatic pilot', it would be expected that more noticing of experience would take place on learning these skills. An example item from the questionnaire is: *I notice the smells and aromas of things.*

Describing

Describing relates to the ability to label internal experiences with words. As participants learn to observe and so 'tune in' more clearly with what they experience it would be hoped that they would develop a greater ability to describe their experience. An example from the questionnaire is: *I am good at finding words to describe my feelings.*

Acting with awareness

This includes attending to one's activities of the moment and can be contrasted with behaving mechanically whilst attention is focussed elsewhere (being on automatic pilot). An example from the questionnaire is: *I find myself doing things without paying attention* (scored in reverse).

Nonjudging of inner experience

Central to mindfulness is paying attention without judging, taking a non-evaluative stance towards thoughts and feelings. An example from the questionnaire is: *I think some of my emotions are bad or inappropriate and I should not feel them* (scored in reverse).

Nonreactivity to inner experience

This relates to the ability to allow thoughts and feelings to come and go, without getting caught up in them or carried away by them. With regular mindfulness practice we are able to develop a 'different place from which to stand' to observe our experience allowing for this non-reactivity. An example is: *I perceive my feelings and emotions without having to react to them.*

Each facet is scored on a 5-point likert scale ranging from 1 (never or very rarely true) to 5 (very often or always true). This 39 item

questionnaire was completed pre- and post-group.

Mental health

Pre and post-measures of mental health were taken using a 10-point likert scale:

On a scale of 0 – 10 (0=poor 10=good) at the present time I would rate my mental health as ____

Aims for coming to the group and measure of whether they have been achieved

Participants were asked to list their aims for coming to the group before it started. At post-group evaluation their list of individual aims were sent to each participant with a request for them to assess whether each aim had been (i) not achieved (ii) achieved to some extent, or (iii) fully achieved.

Measure of how helpful the group had been and general comments

Participants were asked post-group to give a measure on a 10-point likert scale of how helpful the group had been to them (from 0 = not at all helpful to 10= extremely helpful) and were asked to write general comments about the group and why they gave it this rating.

Results

Table 1 shows that, of the 10 people who started, 7 fully completed the group; one person came to most sessions but did not come to the last session (and did not complete a post-group questionnaire); two people left during the middle sessions of the group (one of these completed the post-group evaluation questionnaire). Table 1 shows that ratings of mental health significantly improved for people who completed the course: from a pre-group mean (\bar{x}) of 5.2 to a post-group mean of 6.3 ($p < .05$ Wilcoxon one-tailed test). Each person who completed the

group had all or the majority of their individual aims for coming to the group met.

Table 1
Number of sessions each participant attended, mental health scores pre and post the group, rating of degree of helpfulness of the group, and number (N) of aims achieved (partly or fully) and not achieved (in brackets)

Participant	sessions attended	Mental health pre-group	Mental health post-group	Helpfulness of group	Aims achieved ¹
1	10	3	N/C	10	3
5	10	7.5	8	10	2
6	10	5	6	7	2 (1)
7	10	10	10	7	4
8	9	3	4	8	4
9	10	5	6	7.5	3
10	10	3	4	9	2 (1)
x (mean)		5.2	6.3	8.4	
p		<.05			
2 ²	5	6.5	4	3	N/C
3 ³	7	5	N/C	N/C	N/C
4 ²	2	4	N/C	N/C	N/C

Note: 1. Not achieved in brackets. 2. Left group. 3. Did not attend last session nor completed post-group form. N/C = not completed

As Table 1 indicates, the three people who did not complete the group did not have significantly different ratings of their mental health on starting the group compared to the seven people who did complete the group.

Table 2 shows that 19 of the 21 listed aims regarding coming to the group at the onset were marked as *achieved to some extent* or *fully achieved* by the 7 participants who completed the group and evaluation.

Table 3 shows that the mean score on each of the five mindfulness dimensions had increased by the end of the course for the seven members of the group who completed the course and the evaluation sheets at the post-group stage. Despite the low numbers involved this

increase in mindfulness was statistically significant for the *acting with awareness*, *nonjudging of inner experience*, *nonreactivity to inner experience* and for the overall scores (Wilcoxon one-tailed tests).

Table 3

Participants' scores on the Five Facet Mindfulness Questionnaire pre and post attending the Mindfulness Group

	observing		describing		Acting with awareness		nonjudging of inner experience		nonreactivity to inner experience		FFMQ Total score	
	pre	post	pre	post	pre	post	pre	post	pre	post	pre	post
1	23	32	33	34	21	25	18	32	15	23	110	146
5	25	35	27	30	25	27	19	19	14	19	110	130
6	33	31	24	24	26	28	20	21	19	19	122	123
7	39	31	32	29	13	23	13	26	22	24	119	133
8	27	31	19	19	22	23	19	20	15	15	102	108
9	28	29	24	27	16	26	16	22	18	27	102	131
10	27	29	23	23	30	30	8	13	12	15	100	110
x	28.9	31.1	26.0	26.5	21.8	26.0	16.1	21.9	16.4	20.3	109.3	125.9
p		N.S.		N.S.		<.05		<.05		<.05		<.01
2	31	29	33	22	24	26	14	12	11	11	113	110
3	24		21		19		14		13		91	
4	23		30		13		22		15		103	

The data in Tables 1 and 3 indicate a relationship between increase in mindfulness scores and increase in ratings of mental health, but the correlations are not significant (the mental health rating scale may not have sufficient variation to reveal significant correlations with such low numbers).

The mean rating of helpfulness of the group for those who completed it was relatively high (8.4 – see Table 1). Predictably, this was much lower (3) for Participant 2 who dropped out of the group but completed the post-group evaluation form. This person also rated their mental health as deteriorating during the period over which the group took place and there was a lowering in their FFMQ score. Although this person, when giving reasons for dropping out, stated that it was due to an unexpected traumatic experience that was unconnected with the group that made it difficult to attend, it is clear that there is no evidence to indicate that

An evaluation of a mindfulness group

Table 2. Participants' aims for joining the group and feedback about whether those aims were achieved by the end of the group

Aim	Not achieved	Achieved to some extent	Fully achieved
To feel better than I do			•
To manage better when I am low		•	
To 'learn to dance with the universal dinner lady'		•	
To stop trying to be a perfectionist and don't be so hard on myself		•	
Be/live in the present		•	
To improve my concentration		•	
Minimise obsessive compulsive disorders	•		
As I feel my mind is always on the go, to have times when it is not!		•	
Focus on relaxing and calming exercises			•
Staying in the here and now			•
Consuming less resources/energy/ eating moderately		•	
Leaving behind less of a carbon footprint/CO2 emissions		•	
A more peaceful state of mind		•	
More able to calm myself down		•	
Experience less stress and anxiety		•	
Judge myself less harshly		•	
To calm down		•	
To become more focussed		•	
To get into the habit of doing meditation regularly (or daily) even if it is for short periods only		•	
To be able to react less negatively to intense and difficult emotions, images and feelings		•	
To gain confidence in terms of being able to participate in a group environment			•
To be able to give myself permission to experience difficult feelings without needing constant validation and reassurance from others that certain feelings are justified and make sense	•		

the group was helpful to that person during this period of their life. Participant 4 also let the group know that they had had to stop coming due to personal reasons unconnected with the group and data from this person and Participant 3 have been included above although neither filled in the post-group questionnaire.

A content analysis of general comments made about the group on the evaluation form revealed the following:

On mindfulness:

I think I had too high an expectation of just how 'mindful' I can learn to become in just 10 weeks! However, I do feel I've gained a much valued insight into how mindfulness can be helpful in my everyday life.

I have no doubt at all about the value of meditation and I feel better for the small amount I do.

The course has given me both information and practice in mindfulness, meditation and accepting how I feel. I am more willing to feel emotion, good and bad, because I know how to prevent myself becoming overwhelmed by it.

I have learned valuable skills to comfort myself in times of distress.

On practice

When I manage to do regular (daily) practice I feel calm, serene and quite pleased to be alive, rather than looking forward to death.

I have learned a lot that makes sense! However, the big challenge has been to try and put everything into practice on a daily basis! The course has been very intense, with a lot to learn over a short time. This has, to some extent, put a degree of pressure on me, leading to a feeling of guilt when I could not achieve the level of practice set.

I would like to know if there is any regular meeting as I find solo meditation quite difficult to maintain.

On the handouts/course booklet

The 'theory' side of the course has been very enlightening and informative.

The handouts will be useful to refer to and offer guidance.

On unhelpful aspects of the group or mindfulness:

I found the silence and meditation allowed intruding negative thoughts to be somehow louder in my mind and I couldn't concentrate very well on the exercises. I found I was sometimes distressed after a session which surprised me. But I have been using the breathing exercise whilst focusing on the here and now – sounds etc around me – to stop me dissociating or when catastrophising thoughts run away with themselves.

On group effects:

Being a member of a group has allowed me to gain confidence in terms of participating in a group environment. This was made possible due to the relaxed and calm atmosphere that the group was conducted in.

Discussion

The results matched informal feedback provided by participants in the last session of the group and indicated that: the majority of participants who completed the course found it helpful; it had modest but significant effects on people's mental health/well-being; people had learned some mindfulness skills and become more mindful in various ways as a result of attending the group; and people found some benefits from the overall group experience. One expects a high drop-out rate in groups that require such a commitment to practice exercises outside the session and it seemed significant that attendance was high and so many people stayed to the end, carried out the home exercises, and filled in the lengthy evaluation form.

As mindfulness is about paying attention more fully to what we are experiencing, one of our concerns was that participants who were very fearful and avoidant of their inner experience or tended to dissociate might find this particularly difficult to do. One comment in the results section suggests that this was difficult for at least one member. Feedback about exercises at home also revealed that, as well as finding the motivation to repeatedly practise the exercises, some participants did find some exercises difficult as they went against some

of their ingrained ways of coping with memories or emotions relating to distressing experiences. In one session the level of distress for one person increased so much that they had to leave the room and it was useful to have two people facilitating the group at this point: one was able to carry on leading the group and guiding an exercise whilst the other could focus upon the distressed person enabling them to ground themselves and become settled enough to return to the group. Sessions 4 and 5 of the programme are about 'staying present' to feelings and 'allowing and letting be'. This may be a radically different way of being with feelings for many people and, although potentially very beneficial, does carry some risk of triggering a dissociative state in people with a history of entering into such states. This of course could happen in any group but, given the nature of the exercises, this may be a particular risk in mindfulness groups, thus affirming the benefit of having two facilitators especially when running groups for people who have had very damaging early experiences (as many people attending a CMHT have had).

The evaluation data indicates that groups such as the Mindfulness Group can potentially help people with a variety of presenting problems. It also offers an alternative to treatment groups for specific diagnoses. There are advantages in having a mixed group, of having people with a wide variety of backgrounds and experiences who come together because they have a shared interest rather than a shared problem: such groups can be less stigmatising (see Holmes and Gahan, 2007). This mindfulness group was a skills group – one philosophy that underpinned it was that mindfulness can help any person with the challenges of life. One potential limitation, however, is that some people may also need the added components included in MBCT and DBT to help support them to be able to make use of mindfulness in an effective way, or to help it make a significant impact on their presenting problems. This was acknowledged by some group members who wanted to subsequently seek additional strategies (such as cognitive therapy) to help them with some of their problems.

Following the evaluation and a follow-up meeting 6 weeks after the end of the group, a monthly mindfulness group has been set up to enable people to come together for one and a half hours on a group basis to do mindfulness exercises, discuss practising the skills outside the group and further develop awareness of concepts that relate to

mindfulness. Although the original group was developed and delivered in a way that conceptualised mindfulness as a type of psychological coping mechanism, it cannot fully be divorced from its spiritual context. For this reason it is important for participants who continue with mindfulness practice to have access to support and guidance with these issues. Six members of the original group expressed a wish to continue with a monthly mindfulness group, primarily to help keep their motivation to continue practicing the techniques. Being part of a group increases motivation to practice skills and is one of the advantages of running mindfulness groups rather than teaching the skills on a one-to-one basis. It is hoped that further runnings of the Mindfulness Group will equip more people with these skills and in turn some of these participants will join those members of the original group who continue to meet on a monthly basis.

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