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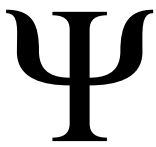

Experience of Outcome:
A Qualitative Study of Patients' Experience of Participating in a Mindfulness-based Coping Program

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Sammendrag

Hensikten med dette studiet er å få en forståelse av pasientenes subjektive opplevelse av å delta i et "mindfulness-basert coping" (MBC) program. MBC er et frivillig gruppebehandlingsprogram som en del av en poliklinisk behandling og går over seks måneder. Gruppene bestod av heterogene pasienter som får behandling i en naturalistisk setting. Forfatterne ønsket å undersøke hva pasientene opplevde som nyttige og mindre nyttige faktorer i deres personlige endringsprosess, og intervjuet 10 kvinner og tre menn, fordelt på fire fokusgrupper. Basert på forfatternes egen forståelse av hva deltakerne formidlet som de viktigste opplevelsene, ble resultatene ble oppsummert i ulike meningskategorier. Det fremstod fire overordnete temaer: opplevelse av atferdsmessig endring, opplevelse av kognitiv endring, opplevelse av å være sammen, og opplevelse av endring i relasjoner. Forholdet mellom temaene, sammen med forfatternes tolkning av pasientenes endringer som en eksistensiell endring, ble diskutert.

Stikkord: Mindfulness-basert mestring, opplevelse av utfall, pasientens perspektiv, kvalitativ forskning

Abstract

The aim of this study is to get a better understanding of the patients' experience of outcome from participating in a "mindfulness-based coping" (MBC) program. MBC is a voluntary six months group treatment program as part of an outpatient treatment. What did the patients experience as useful and less useful factors in their personal process of changing? To explore this, the authors interviewed 10 women and three men, divided in four focus groups. The groups consisted of heterogenic patients getting treatment in a naturalistic setting. The results were summarized into different categories of meaning based on the authors own understanding of the richest aspects of the participants' experience. Four major themes emerged as overarching: experience of behavioral change; experience of cognitive change; experience of being together; and experience of change in relationships. The relation between the themes along with the authors' interpretation of the patients changes as an existential change, were discussed.

Key words: Mindfulness-based coping, experience of outcome, patient perspectives, qualitative research

The number of mindfulness-based interventions are continuing to multiply worldwide (Mace, 2008). How do patients experience this type of treatment? And what do they experience as an outcome from being a participant in a mindfulness-based treatment program?

Finding effective interventions for the treatment of mental disorders is a major concern (Day & Horton-Deutsch, 2004), and the voice of the patients themselves is crucial in enhancing the treatment process. Studies regarding the phenomenological experience of outcome seek to increase the understanding of what is useful in clinical practice, as well as capturing the users' perspective (see e.g., Binder, Holgersen, & Nielsen, 2009; Hanna, Giordano, Dupuy, & Puhakka, 1995; Kinn, Holgersen, Borg, & Fjær, 2010; Murray, 2002).

"Mindfulness-based coping" (MBC) is a treatment program for outpatients in a naturalistic setting (Tharaldsen & Otten, 2008). The MBC-program could be seen as a health-promoting effort, where the purpose is to prevent relapse and development of psychiatric diseases. The MBC-program is divided in four main modules (see Table 1 for descriptions of the modules), where the patients learn how to cope with psychological-social problems, both everyday challenges and specific problems (Tharaldsen & Otten, 2008). The MBC-program has been developed in a small community where the outpatients can be described as a heterogenic and a transdiagnostic group**.** The MBC-program is based on two already well-documented traditions: mindfulness (Kabat-Zinn, 1990, 1994; Santorelli, 1999) and coping skills from cognitive therapy (Lazarus & Folkman, 1984; Linehan, 1993; Snyder & Dinoff, 1999).

Table 1

The content of the modules in the MBC-program

Module	Number of meetings	Function
An introduction to mindfulness	3	Practicing skills to help the participants to take control over their awareness in an accepting, nonjudgmental way.
A mindful way of coping with stress	8	Teaching the participants how to endure being in difficult situations, thoughts and feelings, and also how to reduce impulsive and disturbing behavior.
Mindfulness and affect regulation	8	Learning how to better identify emotions, and in this way be able to control them in a nonjudgmental way. The participants are given exercises to increase the positive and minimize the negative aspects of their emotional life.
Handling relations	8	Learning how to act and communicate in an effective manner with other people and formulate goals and maintaining ones' own self-respect.

Kabat-Zinn (1994, p. 68) defines mindfulness as "an intentional focused awareness, a way of paying attention on purpose in the present moment, nonjudgmentally". Thus, mindfulness is a nonjudgmental observation of what appears in the mind which is present-centered and serves the function of being awake here-and-now. One can achieve this through meditation or other exercises (Dundas, Binder, & Vøllestad, 2008)**,** and in some degree, this might lead one to be in peace with ones body and mind (Kabat-Zinn, 2005).

Coping is the basis of the MBC-program, and coping strategies are seen as situation-specific coping responses that effectively reduces an unwanted burden. The degree of the effectiveness of these coping responses rests on its ability to reduce the prevailing distress, and at the same time contribute to longer-term results of psychological well-being (Snyder & Dinoff, 1999 in Tharaldsen & Otten, 2008). By

increasing the participants' self-confidence, knowledge and skills, the participants can get an increasing sense of having control in their own lives. By relating to problems in a nonjudgmental way, the MBC-program is supposed to increase each patients' coping skills and sense of quality of life by increasing their experience of control. Empowerment can be seen as "a process where one increases the intra-personal or political power so that individuals themselves can act to improve their own life situation" (Gutiérrez, 1990, p. 292 in Tharaldsen & Otten, 2008, own translation).

There are qualitative studies focusing more on change and outcome in psychotherapy generally (Howe, 1996; Midgley, Target, & Smith, 2006), as opposed to studies concerning specific mindfulness-based programs. As to mindfulness-based programs, the research has mainly used a quantitative approach in trying to understand factors involving the effects of the different programs and personal process of change (Carlson & Garland, 2005; Chadwick, Newman Taylor, & Abba, 2005; Ma & Teasdale, 2004; Reibel, Greeson, Brainard, & Rosenzweig, 2001; Shapiro, Schwartz, & Bonner, 1998; Speca, Carlson, Goodey, & Angen, 2000). Hence, one can assume that patients' experiences of outcome from participating in mindfulness-based intervention programs are not described as comprehensive as the effects of the different programs. Nevertheless, there are qualitative studies which have explored the experiences of patients participating in mindfulness-based treatment programs (Allen, Bromley, Kuyken, & Sonnenberg, 2009; Finucane & Mercer, 2006; Mackenzie, Carlson, Munoz, & Speca, 2007; Mason & Hargreaves, 2001; Winship, 2007). For example, Allen et al. (2009) used interviews to examine the participants' experience of "mindfulness-based cognitive therapy" (MBCT) and its value as a relapse-prevention program for recurrent depression. Allen et al. (2009) identified four overarching themes based on the

participants' experiences of the MBCT: "an increased sense of control over depression; an acceptance of depression-related thoughts and feelings; expressing and meeting personal needs in relationships; and a range of struggles with MBCT" (Allen, et al., 2009, p. 423).

More studies investigating how patients themselves give meaning to the many aspects of good therapeutic outcome are needed (McLeod, 2001). There are, as described, some studies on the users' experience of mindfulness-based treatment programs (Allen, et al., 2009; Finucane & Mercer, 2006; Mackenzie, et al., 2007; Mason & Hargreaves, 2001; Winship, 2007). However, there have not been done any studies on how the patients in the treatment program, MBC, experienced the program, and what they described as a personal outcome. Hence, the aim of this study is to get a better understanding of the patients, as users of a health service, own description of outcome and to explore what they saw as effective in the MBC-program. More concretely: what patients experienced as useful and less useful factors in their personal process of changing. This was done by interviewing groups of patients on their experience of being a part of the MBC-program.

Method

Design

Focus group interview were chosen to find contextual information and information concerning process and social experience. To explore what the patients' experienced as useful and less useful factors in their personal process of changing, a phenomenological-hermeneutical approach was chosen. In line with the phenomenological approach, we wanted to understand the concrete experience of the

patients, and the hermeneutical element allows a coconstruction of meaning by interpret the patients' utterances when trying to understand the meaning behind it (Van Manen, 1990). By combining these two approaches, we could conduct a relatively open exploration of the participants' experience and also generate descriptive knowledge based on these participants' utterances (Binder, Holgersen, & Nielsen, 2008; Binder, et al., 2009).

Participants and Recruitment

The sample consisted of 10 women and three men (M_{age} = 42.2 years, age range 29-58), divided in four groups (the first group included three participants, the second group included two participants, the third group included two participants and the forth group included six participants). The time of the participation in the program ranged from two to six months. All participants are patients getting treatment at Dalane District Psychiatric Center (DPS) in Egersund, Norway. To obtain treatment at a DPS, an individual has to have the right to required health help à diagnose axe 1 in ICD-10 (1999), decreased ability to function (Helse- og omsorgsdepartementet, 1999-2008). The groups who were invited to implement the interview were chosen randomly.

The participants received information about the study from their group leaders approximately two months before the interview. Along with orally information**,** the participants received a document of information and inquiry about the study, and an informed consent (see Appendix A).

Instrument

An interview guide (see Appendix B) was developed for this study, containing seven questions which sought to approach our research questions. At the end of the interviews, we gave the participants a schema (see Appendix C) consisting of the questions regarding the participants age and sex.

Ethics

Ethical approval was obtained from Regional Committee for Medical and Health Research Ethics (Region West), and an informed consent was obtained from all participants prior the inclusion in the study. Approval from The Norwegian Social Science Data Service was also obtained in advance.

Procedure

The interviews were conducted at Dalane DPS, and lasted from 60 to 90 minutes where we, two clinically trained psychology graduate students, administered the interviews. The questions in the interview were open-ended and were followed up with detailed questions if needed. The interviews served the function of a discussion between the group members on their experience of the MBC-program, and the participants were encouraged to discuss factors which had affected their experiences.

Analysis

We transcribed all the interviews and with the assistance of Nvivo 8 Software (QSR International, 2008), we interpreted the transcripts. The aim was to identify different aspects of what we understood as significant to the participants' experience based on the interpretations of the transcripts. By comparing the participants' utterances, we aimed to find commonalities and differences of the participants'

experience and unify the different aspects into different units of meaning. We used different codes to abstract the units from each other. Each of the text fragments with the same overall meaning therefore received a code in purpose of systematize the participants' experiences. We summarized the different units into categories and used our own understanding to reflect on the richest aspects of the participants' experience. Helge Holgersen, an associate professor and qualitative researcher, read through the interviews, and together we validated the categories.

Results

As the participants described their experiences of outcome in the interviews, all the participants expressed an experience of change. Our results centered around four themes: experience of behavioral change; experience of cognitive change; the experience of being together; and experience of change in relationships. The following is a reflection of these findings.

Theme 1: Experience of cognitive change

Most participants pointed out elements which can be described as an experience of cognitive change. Based on our understanding, the participants were engaged in metacognitive processes that would affect how they were thinking and feeling in specific situations, as well as highlighting a different experience in relation to self-reflection and insight. They also started thinking differently about their own situations. Instead of trying to change the situations, the participants had learned how to address the difficult situations in a more accepting way and focus on being present in a mindful, compassionate way. One participant attributed her new way of thinking to the basics of the MBC-program:

It's all about this particularly moment. Before, I didn't see that, and [….] I had already lived through things twice before it actually happened, and that's not being here-and-now. […]But now I feel that I'm much more present in the things I do. It's a good thing. […] And I often find myself thinking; You have to be here ***now****,* ***now*** *you're here.*

Another participant also focused on the cognitive change she had experienced that led her to emphasize being present instead of getting caught up in difficult situations:

I've learned that things will work better if you can manage to concentrate on the fact that your life is here-and-now, not being weighed down by the past and not letting yourself be frightened by the future. I'm concentrating on the fact that the present is good or thinking of what you can do to improve this particular moment.

These participants emphasized how significant it is to be aware of a situation, because simply being aware could make them think differently, which again could possibly lead to a new experience of the situation. However, many of the participants conveyed the importance of not just being aware of a situation, but also thinking about a situation in a more accepting way. The participants experienced a cognitive change, which could be described as a change in the way they were thinking about their own thoughts, not necessarily merely thinking in a different way. One participant considered his way of thinking differently, and said that the MBC-program had taught him that it is okay to feel anger or aggression. Consequently, he had learned new ways of thinking about how to channel out feelings like anger or aggression, and at the same time doing this in an accepting way:

Anger for angers' own sake, to move forward in life, is okay, but inflicting your anger on others is wrong, and that's what the program is all about. […] Thinking of the right things… Oh, eh, I think it's working out very well, if I take the time, I may at first feel like I'm getting very angry, but then I take the time to think about it, which I probably wouldn't have done before.

Most of the participants described that they had changed in different ways in relation to how and what they were thinking by simply being present, consequently getting a new experience of the situations. In addition to this experience of change, the MBC-program had led to a change in behavior, feeling and/or thinking. Nevertheless, the participants emphasized that they had obtained a cognitive insight that had made this change possible.

Theme 2: Experience of behavioral change

A common theme in all interviews was that the participants experienced themselves as doing new things as a result of participating in the MBC-program. One participant summarized her experience of the MBC-program:

You have learned strategies to... simply manage everyday life.

Another participant said:

I feel that I'm getting guidance… to live my life.

Most of the participants described a behavioral change as a direct result of some of the techniques they had learned in the MBC-program. An example of this experience of behavioral change was the following account:

I've become very aware of the fact that I'm doing something good for myself. Now, when I'm sitting down for a cup of hot cocoa, I enjoy the taste and smell, and I'm there in the moment, here-and-now. I would often sit down and have a cup of hot cocoa before this program, but then I was, eh, my thoughts were preoccupied with all the ten things I would do when I was ***done*** *drinking that cup of hot cocoa. But now I feel present, and if I'm able to be in the moment for five minutes, it really helps. It gives you so much profit!*

This participant experienced a change: She changed her way of thinking, which again led her to do something different. This change provided her with more energy to do other things. She experienced a behavioral change as a result of practicing mindfulness techniques.

Other participants emphasized how they experienced a behavioral change in assertiveness. One participant said:

I'm feeling ***a lot*** *better about myself, yeah, I am, so… If I didn't behave this way or that way, and now I'm soon to be 50 years old, now I don't want to be that little girl who behaved this way and that way like they want me to do. Now, I've made up my own mind!*

This participant experienced herself as being more independent during the program. This new way of behaving, being an agent in her own life, had left her with a good feeling. As a result of the MBC-program, she did something new: She became more familiar with her own feelings and needs, and was able to communicate this to other people. This had given her a new experience of being who she is.

Participants from all of the different groups emphasized how they had done new things for themselves as a result of the MBC-program. A number of participants discussed the fact that they had their "own day" during the week, where they focused on satisfying their own needs, and this day was often the same day they had attended the program. Participants from all the groups described an insight in relation to focusing on their own needs, and the fact that they experienced an increase in assertiveness. This behavioral change made a difference in the participants' close relationships, which showed to be an emerging theme of investigation in this study.

Theme 3: Experience of change in relationships

The participants close relationships were frequently mentioned during the interviews, especially in relation to how the MBC-program had changed their relationships to something more positive, at least for the participants themselves. The participants also described receiving positive feedback from important people in their lives, which referred to the participants' change as a positive contribution to the relationships.

Participants from all the groups described that they had improved their way of communicating their needs in a way that improved their close relationships. Furthermore, the participants described this improvement as a result of their own change, both cognitive and behavioral. One of the participants described this change by giving an example from a discussion she had with her husband:

[…] well, it was just so strange hearing that I've changed so much… in the way I discussed. And then I said: 'Was it positive or negative?' He said: 'No, it's ***definitely***

positive'. So I'd ascribe this to the program, like... I'm, I… I let people know and I have much clearer boundaries, but nevertheless it is obviously the way I communicate it.

This participant described something she experienced as an useful insight. She was able to see how her change also was positive for her marriage. Although she described being more assertive, she had learned to communicate in a way that had a positive influence on the relationship.

Other participants emphasized how different techniques from the MBC-program had made them behave in a way that had a positive impact on their relationships. One participant shared her experience of using a technique from the program:

I could suddenly make myself happy and be positive towards myself and then I'd go on to making someone else happy. And then make the next one happy and keep it that way. It was one day where I thought that I should try it out, and it was absolutely fantastic, but, you know, I spent all my energy up until 6 pm, but I felt good about the energy I gave away. It wasn't a bad thing, it was... I was left with a very good feeling.

This participant experienced the joy and benefits of making other people happy, which referred to herself making a behavioral change, leading to a positive effect in her relationships. The fact that she spent positive energy gave her a sense of joy. This example enlighten how a specific exercise of the MBC-program contributed to a behavioral change in the participant, which made her feel as a contributor in enhancing positive outcomes in her close relationships.

Other participants described an experience of increased self-esteem and assertiveness which influenced their relationships in a positive way. Here is one account:

I feel like I'm more aware of myself, and I've also noticed that when I say something, people listen. It's absolutely amazing, because I'm not used to it […] I've always been the youngest one, and told to keep quiet.

This participant had increased her self-confidence through the MBC-program and applied this confidence to communicate and interpret people reactions in a different manner. This confidence had done something with her; It had given her the self-esteem to see that she is worth something and deserves to be heard. This participant experienced a change and then saw the effect it had, both to herself as to other people.

In addition to the experienced change in enhancing interpersonal relationships, several participants described a desire for people from their close relationships to participate in a MBC-program. They believed their close ones could utilize from a MBC-program and for this reason, the relationships could enable an even more positive development. One participant said:

There should be an open door, so, that when you've attended a MBC-program, there should be an open door to send the other party into, because... It would definitely do them good.

This participant described her own change and its impact on her marriage, where she wanted her husband to keep up with their positive development by attending the MBC-program. It is precisely this feeling of a "new-awakening" that participants from

all the groups mentioned. The experience and insight they got from the MBC-program should not only apply to themselves or their close ones, but that the MBC-program was also something all people could benefit from. Here is one account:

I did ask my doctor: 'I don't need someone just to sit and talk to, I need tools to act differently', and then, eh, he said: 'You could go online to see if you can find something yourself'. So, that was the actual answer I got from the doctor, and I think it's kind of frightening. When this kind of program exists, we need to make people aware of it, and this is the kind of program all of Norway should attend.

This participant was surprised that the program was not more widely known, especially when the program was what he needed to get help with his challenges. Other participants emphasized that one does not need to struggle with anxiety or depression to benefit from the MBC-program, and that the program would help people be more conscious and relate to one another in a more positive way, thus be beneficial in relationship management. As to the participants, the experienced outcome led to a positive cognitive and behavioral change, which again led to improved interpersonal relationships. Ultimately, they wanted others to experience the same outcome as they had experienced.

Theme 4: Experience of being together

A common theme in all interviews was the participants' descriptions of sharing a certain experience by being together in a group, and they all reported this experience as something positive. One participant gave the following account of her experience of being in the group:

[…] I also get this good feeling of being part in a group, eh, that you get this sense of belonging, hence, it is good to ***be*** *here, you are not only learning new things and stuff, but it's like, eh, you get this sense of belonging. So it's like it's, eh, […], it feels good just being here.*

This sense of belonging in a group and experiencing things together with the others in the group was something all the participants described as an important experience. A group cohesion had been developed in all the groups. Participants from all the groups stated that they were different from eachother and that they were in different situations, but these differences also made it possible for them to learn from eachother. Although they were different, they still had something in common simply by being participants in the MBC-program. One participant considered this feeling of being part of a group as a basic for an interpersonal understanding that had been developed in her group:

[…] you know, the situations are different, but I recognize their feelings because they are very much the same as my own feelings. Therefore, I always feel that I'm met with an understanding. It's just, ah... ***finally someone that understands*** *me. This is exactly what feels good.*

Participants from all the groups reported that it felt good to be with others that had similar challenges in life as themselves, thus they had a common understanding within the groups and could identify with eachother. One participant said:

We are creating our very ***own*** *world.*

All of the participants also reported being part of a group as a useful way of learning to take someone elses' perspective. Furthermore, the participants described their groups as very supportive. One participant emphasized the accepting atmosphere that allowed him to be vulnerable and open in the group:

I have laughed and cried in here, and this is the only place I felt I ever could have done that.

As earlier stated, it had developed a group cohesion consisting of trust, faith and a sense of confidence which made it safe enough for participants to share whatever they had on their mind. One participant said:

I feel, like, safe… That I can say anything I want and be myself and, and think and feel whatever I want. Nothing is, like, too stupid.

Another participant in the same group backed his statement up by saying:

I also feel like there's a trust within the group, and when you're able to trust the people around you… There will be a good atmosphere, and it feels safe and good to be there.

In light of the participants' descriptions of group cohesion, we saw, during the interviews, how important the group had become to the participants. Participants from all the groups gave supportive statements to eachother during the interviews by giving credit which referred to other participants' qualities and contributions in the group. In addition to this, credit referring to change and development among the participants emerged through the interview process.

The participants felt apprehensive about the MBC-program coming to an end. Generally, it is easy to assume that there usually will evolve certain feelings of anxiety when people have shared something together that comes to an end. The participants stated that they were afraid of losing something that had felt safe; being part of a group. Several participants wondered and reflected out loud during the interviews concerning what life without the MBC-program and the group would be. Reflections were made on how to master challenges without the group, based on what the group represented to them and, what the group together created: An environment filled with acceptance, trust and a place to feel safe. The following is an account of a participant who reflected around the experience of being a part of a group:

How will it feel when we approach the end? Because I've heard other people: 'Oh gosh, how will I manage without this?' […] 'Is there some sort of follow-up?' [...] I think it is very important because it's just like we are on our own, without having the… The group represents a safety in everyday life.

The participants regarded the positive experience of being together in the group as a foundation of the feeling of safety which had developed.

Discussion

Our results reflect the fact that the participants described how they had changed, as we explored their experience of outcome. It is reason to believe that when patients participate in a treatment program, they will usually assess an outcome in relation to change and enhancement. One can assume the themes emerging from the participants' descriptions of their experience of outcome could work together as meaningful factors which made them experience a change in their way of thinking and by doing new

things. These experienced changes developed to be beneficial both to intra- and interpersonal relationships. In light of our study, there are some factors that must be present in describing what made these patients experience changes. What contributed to this experience of change? What factors were useful and considerable in this process?

Based on our understanding of the participants descriptions of outcome, the within-group experience emerged as a significant contributor to the participants experience of change; seeing the other group members develop, interpersonal differences, as well as commonalities in sharing something meaningful together, and being part of an environment filled with acceptance and understanding.

Some of our results are in line with findings from qualitative studies on mindfulness-based treatment which emphasize factors like "being in a group" (Finucane & Mercer, 2006) and "shared experiences" (Mackenzie, et al., 2007) as significant elements to patients' experience of a treatment program. Some studies found "acceptance" (Allen, et al., 2009; Winship, 2007) and "awareness" (Winship, 2007) to be important factors of the experience of being participants in a mindfulness-based treatment, which are in line with our findings. Furthermore, our findings regarding the importance of the within-group experience are in line with findings (see e.g Budman et al., 1989; Etringer, Gregory, & Lando, 1984) indicating that the cohesiveness in a treatment group had positive effect on the outcome of the treatment. Social cohesion has been shown to affect or mediate a variety of health outcomes (Bruhn, 2009). Our findings regarding the participants' experience of their changes, both intra- and interpersonal, as to being more self-confident and using this confidence as a positive impact on close relationships, can be compared to what Allen et al. (2009) called "relationships". From exploring patients' experiences of MBCT, Allan et al. (2009, p.

418) found the patients to have "an increased value of self and improved relationships, which included greater emotional closeness with friends and family, better communication and increased empathy". In light of these findings, one can assume that these factors could be features of successful treatment in general. In our study, it is reason to believe that the experienced changes in relationships are, to some extent, results of practicing techniques from the MBC-program. These techniques are intended to increase both intra- and interpersonal understanding (Tharaldsen & Otten, 2008). Some studies found themes in the patients' descriptions of change which we did not find in the participants descriptions in our study, for instance "spirituality", an experienced religious focus (Mackenzie, et al., 2007) and "negative experiences and misunderstandings in mindfulness", difficulties with understanding some of the concepts of mindfulness (Mason & Hargreaves, 2001; Winship, 2007).

Qualitative studies on mindfulness-based treatments have mainly been done with special groups of patients, such as groups in which all patients had depression (Allen, et al., 2009; Mason & Hargreaves, 2001), anxiety and depression (Finucane & Mercer, 2006), or were part of an acute inpatient mental health unit (Winship, 2007). The experienced changes in these studies (Allen, et al., 2009; Finucane & Mercer, 2006; Mason & Hargreaves, 2001; Winship, 2007) are, however, directly in relation to the patients' symptoms. Conversely, a distinctive feature in our study is the exploration of groups consisting of heterogenic patients in a naturalistic setting with compound difficulties and symptoms. Our findings are based on the description of the participants' experienced changes involving several different parts of participants' lives: personal suffering and symptoms, and a general new way of seeing their own thoughts, feelings and patterns of behavior.

One can wonder if these changes are of a different character than merely changes in relation to cognition, emotions and behavior. Is it possible to say that these changes are a new way of relating to, or being in the world? Do the participants experience that they exist in a different way than before? Transpersonal psychology provides insights into these transcendental phenomenon (Schneider, 2007). By participating in the MBC-program and through mindfulness meditation, the participants seemed to have allowed themselves to dwell in vacant parts of themselves and opening up for deeper meanings, which consequently led to an extensive change: being present and being part of the world in a different way. The participants themselves attributed this change to what they had learned in the MBC-program.

It might be reason to believe that the MBC-program does not focus on pathology, but have a more generic focus concerning quality of life, moreover focusing on self-development. One can assume that this focus is a distinctive feature of the MBC-program, which targets on creating something new, increasing strengths and resources within each of the patients, rather than focusing towards symptoms and symptoms relief. Based on our understanding, this feature is exactly what our results reflect, thus the participants reported that this focus helped them to enhance their experience of the quality of life.

The participants had, through the MBC-program, learned a number of distinctive mindfulness techniques. However, some techniques functioned better than others or could be used in a more appropriated way, depending on the individuals' preferences. They remained active in relation to their own treatment by choosing and applying the techniques they found to be most suited to enhance coping and increase the quality of life. As earlier described, there have not been done any studies on what participants in a

MBC-program describe as a personal outcome and how they experience the program. The statement about how some of the techniques were better than others may be correlated to the participants' personal outcome.

The patients learned something new by participating in the MBC-program, and they seemed to report their experience of outcome based on new insights about themselves, others and the world. Is it possible to assume that what they had learned through the MBC-program is something they might bring with them further in life? One can wonder if these metacognitive changes are a result of distinctive features of the MBC-program, thus the patients learned coping strategies, as well as emphasizing more on enhancing individual strengths. Consequently, these metacognitive changes led them to see both themselves and their environment in a new way. It appears that they detached themselves from the original role of being a patient during the program, and this may reflect that the MBC-program focuses more on individual strengths and resources, rather than focusing on symptoms and diseases.

Even though we interviewed different groups who had been attending a different number of meetings, the overall themes concerning their experience of outcome were overlapping. Of the 32 patients who were requested to participate in our study, 13 of them decided to participate. It is reason to believe that the participants in our study decided to participate based on their intent to share something about their experience of the MBC-program. This belief was indicated by the fact that the content of the themes the participants described were essentially the same in the groups where there were two and three participants, as in the group where there were six participants.

Reflexivity in qualitative research, seeks to gain clarity in whether there was something about the authors who had influenced the results. Through the Professional

Studies of Psychology we have been introduced to mindfulness, which has evolved into an interest in theories, research and treatment based on mindfulness. One can assume that this interest is necessary in order to explore mindfulness-based treatment. However, we wanted to see if we had opened up for something new; something we did not know before. To ensure a broader validation of our interpretations and findings, a psychologist and qualitative researcher read the transcripts. We discussed the reasonableness of our interpretations and our themes with him to ensure that our findings were not merely based on our preconceptions. Our starting point was based on a positive attitude concerning what the participants would describe as the experienced outcome, which could possibly be a positive bias. Despite the fact that our interview guide offered open-ended questions about the participants' experience of outcome, we did not capture any negative experiences by using these open-ended questions. To ensure us against this bias, we explored if they experienced factors in the MBC-program which they did not find useful and later, asked explicitly whether it was something they experienced as negative in the MBC-program. None of the participants reported negative experiences from attending the MBC-program besides mentioning that some of the techniques were *more* helpful than others, as opposed to describing some techniques as useless.

As previously stated, there have not been done any studies on the patients own description of their experience of outcome from participating in a MBC-program. It is important to get a better understanding of the first-person perspective, thereby emphasize the involvement and control from the users of a treatment service. Such first-person perspective might contribute in developing mindfulness-based programs in line with the patients' experience of what was helpful and not helpful, which consequently

might contribute to more positive treatment outcome based on a MBC-program. Furthermore, researchers are increasingly being encouraged to consider the views of the clients (Stewart & Richardson, 2004, p. 96). Our study was conducted in a small city in Norway. Therefore, diagnostically the participants were a mixed group with different and compound problems. Consequently, it could be interesting to find out if participants from a larger city would have responded differently. The participants mention symptoms relieves and they also described dimensions of a completely new way of experiencing themselves. In addition to this experience, the participants in all four groups recommended the MBC-program to others or wished that their close ones would participate. The participants considered the MBC-program as a positive experience and that this type of program can be a useful element in different treatment contexts. Hence, it is reason to assume that MBC as a health promotion treatment program may be beneficial to heterogenic groups of patients. The MBC-program might have the potential of being cost-effective treatment to a large number of patients, partly because it can be used as a transdiagnostic group-based treatment program. In addition to this potential, one can assume that if the improvements and changes the patients describe could be reflected as clinically measurable changes; these improvements could be seen as major changes in a short period of time. Using qualitative research to get a better understanding of what the patients themselves report to be important in their personal growth and change in different therapeutic contexts is crucial, thus more research on these aspects are needed.

So, what factors made the patients in our study experience change? Being in an environment filled with confidence and understanding, learning some specific

techniques beneficial to everyday challenges and last, but not least, sharing something meaningful together as a group.

Conclusion

Literature on outcome, as well as research on mindfulness-based programs, has merely been based on a quantitative-experimental approach to better understand which factors are involved in a personal changing process. Conversely, we used a phenomenological-hermeneutical approach to find factors which are useful in a clinical practice, seen from the patients own perspective. Our results centered around four themes:

1. Experience of behavioral change.
2. Experience of cognitive change.
3. Experience of change in relationships.
4. Experience of being together.

The experience of being in the world in a new way, or being present in a different way than before, transcends these four themes. The experience of outcome concerns a personal growth which embraces cognitive and behavioral aspects, and furthermore contributes to a positive interpersonal development. Along with this personal growth, the within-group experience emerged as a significant contributor to the patients' experience of outcome.

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Appendix A

Informasjon og forespørsel om deltakelse i prosjektet:

"Subjektiv opplevelse av kurset "Mindfulness-based Coping""

Hensikten med studiet

Formålet med prosjektet "Subjektiv opplevelse av kurset "Mindfulness-based Coping" (MbC)" er å få tak i kursdeltakernes opplevelse av kurset. MbC-kurset er arrangert av gruppepoliklinikken ved Dalane Distriktspsykiatriske Senter. Hensikten med prosjektet er ikke å måle effekten av kurset, men å finne ut hva slags utbytte kursdeltakerne har fått, og hvordan deltakerne forklarer dette ut ifra sin personlige og subjektive opplevelse av MbC-kurset. Dette kan tilføre viktig kunnskap om hva som kan være virksomme og ikke-virksomme faktorer i en personlig endringsprosess. Gjennom gruppeintervju ønsker vi å fremskaffe den subjektive opplevelsen av å delta på et kurs som søker å hjelpe unge og voksne til å mestre hverdagsproblem og psykiske lidelser. Gruppeintervjuet vil ta opp informasjonen på lydbånd. På denne måten blir det lettere å få samle inn mer nøyaktig informasjonen. Mot slutten av intervjuet ønsker vi at du fyller ut et skjema om kjønn og alder. Grunnen til dette er at vi ønsker å se resultatet av prosjektet i forhold til kjønn og alder, da dette er med å systematisere informasjon og samtidig bevare anonymiteten.

Informasjon som fremkommer av studiet, vil gi større forståelse av hva som er viktig for enkeltindividet i en personlig endringsprosess. Dette kan tilføre viktig kunnskap, uavhengig av hvilke terapeutiske behandlingstilbud en ønsker å benytte for å hjelpe mennesker til positiv endring.

Hvorfor du blir forespurt

Som poliklinisk pasient ved institusjonen og som kursdeltaker kan du gi oss viktig informasjon gjennom beskrivelser av din opplevelse av kurset. Informasjonen er til stor hjelp i vårt arbeid med å finne hva deltakernes subjektive opplevelse av MbC-kurset består i, og er med å skape forståelse for hvilke prosesser som er tilstede for et mulig utbytte av kurset.

Du bestemmer selv

Det er frivillig å delta i gruppeintervjuet. Dersom du velger å ikke delta, trenger du ikke å oppgi grunn. Om du skulle bestemme deg for ikke å delta, får dette ingen konsekvenser for deg nå eller i fremtiden. Du kan tilbakekalle samtykket helt til din deltakelse i prosjektet er avsluttet, som er ved intervjuets slutt.

Konsekvenser for deg

Hvis du sier ja til å delta i studien betyr det at du deltar på et gruppeintervju som varer ca 90 min. De prosjektansvarlige bruker informasjonen du og de andre kursdeltakerne velger å gi i gruppeintervjuet, til å skrive en artikkel basert på gruppens samlede informasjon om egen opplevelse av kurset. Mot slutten av intervjuet blir du bedt om å fylle ut alder og kjønn på et skjema, og din deltakelse i prosjektet er da avsluttet. Din deltakelse medfører overhodet ingen risiko for deg.

Slik ivaretas den informasjon du gir

Alle opplysningene vil bli behandlet konfidensielt, og ingen personopplysninger blir innhentet i dette prosjektet. I prosjektet er det ingen personopplysninger som knytter seg til det du velger å si under gruppeintervjuet. Lydopptaket vil bli slettet og skjema makulert senest innen utgangen av 2010.

Hvem har vurdert prosjektet

Prosjektet er vurdert av Regional komité for medisinsk forskningsetikk, Vest-Norge, og Personvernombudet for forskning ved Norsk samfunnsvitenskapelige datatjeneste, og har ingen innvendinger mot at det gjennomføres

Overføring eller utlån av materiale/opplysninger til andre

Det endelige resultat av prosjektet vil bli publisert i en hovedoppgave som skrives i artikkelform. Videre bruk av materialet har derfor ingen konsekvenser for deg personlig, da vi ikke benytter noen form for personopplysninger.

Økonomi

Det ligger ingen finansiering til grunn da hverken prosjektansvarlige, eller andre involverte parter eller institusjoner har noe form for økonomisk vinning knyttet til prosjektet.

Prosjektansvarlig/Mer informasjon

Hvis du har spørsmål om studien kan du kontakte de prosjektansvarlige Åse B. Skåra og Linda R. Kandal, psykologistudenter ved Universitetet i Bergen (telefon: 958 44 621 eller 951 27 110), hovedveileder Helge Holgersen, førsteamanuensis ved Universitetet i Bergen (telefon: 55 58 86 75) eller biveileder Kjersti Tharaldsen, kursleder ved Dalane Distriktspsykiatriske Senter, Stavanger Universitetssjukehus (telefon: 51 51 21 65)

Dine rettigheter

Hvis du sier ja til å delta i studien, har du ikke mulighet til å få slettet opplysninger eller destruert materiale siden de er anonymisert. Ved henvendelse til prosjektansvarlige kan du få nærmere opplysninger om dette.

Samtykkeerklæring - Prosjektdeltaker

for studien

"Subjektiv Opplevelse av Kurset "Mindfulness-based Coping""

Deltakelse i studien er basert på ditt frivillige, informerte samtykke. Dersom du ønsker informasjon utover det som framkommer i dette informasjonsskrivet og den muntlige informasjonen du har mottatt/vil få, har du full anledning til å be om dette. Dersom du etter å ha fått den informasjon du synes er nødvendig, sier ja til å delta i studien, må du signere samtykkeerklæringen.

Jeg, _____(navn med blokkbokstaver), bekrefter at jeg har mottatt skriftlig informasjon om studien, har fått anledning til å innhente den informasjon jeg har hatt behov for, og er villig til å delta i prosjektet.

Signatur:_____Dato:_____
(sign. prosjektdeltaker) *(datert av prosjektdeltaker)*

Appendix B

Intervjuguide

1. Hvordan har du/dere opplevd kurset?

2. Hva tenker du kurset har gjort med deg/dere?

3. Hvordan var det for deg/dere å være der?

4. Det å gå på kurset, har det hatt noe betydning for deg?

5. Hvis ja: Opplever du din situasjon forskjellig fra hvordan den var før du startet på kurset?

6. Hvis ja: Hvordan har du/dere endret deg/dere?

- Bedre

- Verre

Appendix C

"Subjektiv Opplevelse av Kurset "Mindfulness-based Coping""

Vennligst kryss av:

Kvinne	
Mann	

Alder _____