The experiences of adults with Intellectual Disabilities attending a mindfulness-based group intervention

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Abstract

A growing body of research supports the efficacy of mindfulness-based intervention programmes (MBPs) for people with intellectual disabilities. Existing literature calls for focus on the experiences of people with intellectual disabilities participating in MBPs. This study explored the experiences of nine adults with intellectual disabilities attending an eight-week group MBP delivered within the community. Two audio-recorded group discussions and seven semi-structured interviews were thematically analysed. Themes were: participants' experience of the group as a meaningful and enjoyable activity; opportunities for socialisation, sharing, friendship and support; the significance of participant-facilitator relationships; and how participants' understood and experienced the mindfulness exercises and concepts. Some understanding of mindfulness was evident and participants demonstrated an ability to engage in mindfulness exercises. Findings inform the development of effective MBPs for people with intellectual disabilities.

Keywords: health & social care policy and practice | intellectual disability | learning (intellectual) disabilities | mental health | psychological therapy

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Accessible Summary

Mindfulness helps us to ‘slow down’ and notice how we are thinking and how we are feeling. When we notice our thoughts and our feelings, we can choose to do the things that help us to feel better. We wanted to know what people with learning disabilities thought of mindfulness. Nine people with learning disabilities told us what they thought about mindfulness.

We found out that:

- People enjoyed mindfulness activities and the chance to socialise with other people
- People showed some understanding of mindfulness
- People could do the mindfulness activities

Introduction

People with intellectual disabilities face numerous inequalities and are at increased risk of poor mental-ill health (Cooper *et al.*, 2007; Inglis, 2013). There is a substantive gap in mental health service provision for people with intellectual disabilities, fuelled, in part, by a lack of knowledge and awareness regarding the mental health and emotional needs of this population (Taylor & Knapp, 2013). Having a diagnosis of intellectual disability is often cited as exclusion criteria for some psychological services (The Royal College of Psychiatrists, 2004) under the premise that people with intellectual disabilities lack the linguistic, cognitive, or emotional skills necessary to understand therapy (Hodges, 2003). In a move to redress this balance, there is a growing body of research supporting the efficacy of mindfulness-based programmes (MBPs) with people with intellectual disabilities. Whilst definitions of mindfulness vary, it is commonly defined as *"paying attention in a particular way: on purpose in the present moment, and non-judgementally"* (Kabat-Zinn, 1994; p.4).

Contemporary psychological approaches have adopted mindfulness as a tool for managing emotional distress and maladaptive behaviours through the promotion of increased awareness and the ability to respond skilfully to individual thought processes (Bishop *et al.*, 2004) showing potential for use with people with intellectual disabilities. MBPs can also be empowering for people with intellectual disabilities, offering a degree of meaningful involvement in their treatment (Singh *et al.*, 2003) and supporting the development of skills and resilience necessary to manage their own environment (Hastings, 2013). Furthermore, as a skills-based, positive and non-blaming approach (Lew *et al.*, 2006) mindfulness asks the individual to work on accepting the present moment as it is, which includes how we are in that present moment.

Though competing theoretical frameworks exist (*cf*. Baer *et al*., 2006; Bishop *et al*, 2004; Hölzel *et al*., 2011), mindfulness is considered both a state and a psychological process (Singh *et al*., 2008). The five factor model developed by Baer *et al*. (2006) is commonly used and was employed as a reflective tool by the researchers in the present paper. Baer *et al*. (2006) identified five facets of mindfulness: non-reactivity to inner experience, acting with awareness, observing, describing and non-judging of experience. In practice, the individual seeks to orientate themselves to the present moment, often employing the breath as an anchor between the inner experience of the body and mind, and the outer experience of the external world. Physical sensations, thoughts and emotions are explored with a degree of curiosity and compassion and are accepted as they are. Mindfulness gifts space for the observation of the play of the mind, noticing when judgements arise, and working with these as part of practice. MBPs have been found to be effective for the general population (e.g. Khoury *et al*., 2013) and a variety of clinical groups (Segal *et al*., 2002; Shapiro, 2009; Williams *et al*., 2007) and are also recommended for adults with depression (NICE, 2009).

MBPs have been successful with people with intellectual disabilities when delivered in groups (Beauchemin *et al.*, 2008) and individually (Singh *et al.*, 2011a). MBPs can be used alongside or as an alternative to behavioural approaches and talking therapies (Harper *et al*., 2013) to enhance wellbeing. Positive outcomes for people with intellectual disabilities as a result of MBPs include reduced incidences of aggression within the community (Adkins *et al.*, 2010) and inpatient settings (Chilvers *et al*., 2011), reduced anxiety and depression (Idusohan-Moizer *et al.*, 2015) and improved social skills and academic performance (Beauchemin *et al.*, 2008). Positive outcomes have been attributed to the group environment and associated social support (Singh *et al*., 2013a), accumulation of learning (Singh *et al.*,

2006), specific components of the intervention (i.e. relaxation; Yildiran & Holt, 2014) and the characteristics of the trainer (Segal *et al*., 2002).

Chapman and Mitchell (2013) acknowledged the importance of the voice of people with intellectual disabilities in discerning the utility of adapted interventions. Establishing what individuals understand of mindfulness and how they can be supported to make sense of the relatively abstract concepts associated with mindfulness may help support the development of effective MBPs for individuals with intellectual disabilities (Singh *et al.*, 2013b). Exploring how people with intellectual disabilities understand and define mindfulness, and establishing which aspects of MBPs are of particular relevance and importance is largely missing from the existing research and may help identify key influences on intervention efficacy. Previous research has largely consisted of anecdotal comments from people with intellectual disabilities reported in primarily quantitative studies (e.g. Singh *et al*., 2011b).

When the present research study was first developed, three studies had formally gathered the views of people with intellectual disabilities regarding their involvement in a MBP. In the first, Beauchemin *et al.* (2008) asked 34 students with intellectual disabilities who had participated in a 5-week school-based MBP to complete a brief questionnaire regarding their attitudes towards the intervention. Participants reported feeling calm, quiet, relaxed and peaceful following the mindfulness meditation. Chapman and Mitchell (2013) ran one-off mindfulness workshops within the community. 76 people with intellectual disabilities and 30 carers completed questionnaires about their experience of the workshop. Six people with intellectual disabilities were interviewed. Participants said the workshops helped them to relax, that they benefitted from knowing other people experienced similar difficulties, and that they felt other people would also benefit from mindfulness. Participants commented on

the opportunity to share experiences, talk about feelings and learn new skills. In a later study, Yildiran and Holt (2014) interviewed six participants regarding their involvement in a weekly relaxation and mindfulness group and found participants were able to form an understanding of mindfulness which tended to be in relation to relaxation.

More recently, a small body of qualitative literature has been published focusing on the experiences of people with intellectual disabilities engaging in MBPs and what they think about mindfulness. Griffith et al. (2019), interviewed seven people with intellectual disabilities who took part in a feasibility study testing the adaptability of the Soles of the Feet (SoF) meditation. This intervention consisted of six one-to-one sessions. Three of the participants interviewed reported no benefit, which, the authors assert, appeared to be contingent on readiness to engage and intention. That is, those who did not experience benefits tended not to have an internalised sense of why they were practicing mindfulness, and took activities on face value, seeing them as a pleasant outing, or an enjoyable talk with a therapist. Griffith et al, (2019) argue that people who are practicing mindfulness need to know why they are practicing it, in order to realise the benefit, and for this reason, they advocated for a collaborative introductory session to be used to determine a client's suitability for MBPs. Within the study by Griffith et al. (2019), those who experienced benefits, these included reduced aggression and increased quality of life and sociability. Currie et al. (2019) interviewed six participants with intellectual disabilities regarding their experience of a MBP drawing on mindfulness-based stress reduction therapy (MBSR). Participants reported physical and psychological benefits including increased self-esteem, confidence and compassion for self and others. Currie et al. (2019) found that complete understanding of mindfulness or its purpose was not necessary in order to lead to therapeutic gains. Finally, Dillon et al. (2018) interviewed a larger sample of 15 participants with

intellectual disabilities. Positive aspects of attending the group included learning a way to relieve worry and ease negative thoughts, experiencing a sense of calm, and finding a sense of togetherness and support. Negative experiences were related to the group setting rather than the mindfulness practice specifically.

Taking into account the existing literature in the area, the present study aimed to gather the perspectives of people with intellectual disabilities of MBPs. Specifically, the study was devised to answer the question 'How do people with intellectual disabilities experience mindfulness and their involvement in a group MBP?' Starting from the basic belief that people with intellectual disabilities are people first, have the right to live their lives with the same opportunities and responsibilities as any other, and deserve dignity and respect (Department of Health, 2009) it follows that people with intellectual disabilities should have the same access to mainstream health services as those without disability (Department of Health, 2001). This research aims to provide some valuable insights for practitioners working in this field regarding the viability and acceptability of group MBPs for adults with intellectual disabilities.

Method

Approach

A qualitative approach was considered ontologically consistent with the primary research aim to explore participants' individual experiences. This approach afforded participants the opportunity to tell their own story in their own words, promoting a sense of empowerment (Morrow, 2007; Morrow & Smith, 2000). This was considered particularly important given the societal positioning of people with intellectual disabilities who have historically been afforded little power within research (Mertens, 2007).

Participants

Individuals were eligible to participate in the research and the MBP if they had an intellectual disability, had been referred to the Community Learning Disability Team (CLDT) for which the first and fourth authors were employed, might benefit from support regarding anxiety, low mood or anger (as assessed by the CLDT) and were able to provide informed consent. Individuals already engaged in or requiring immediate psychological intervention or alternative support were not included. The potential for risk to self and others was also considered. If it was decided the individual lacked capacity to provide informed consent, they were not asked to participate in the group or the study. In order to establish capacity to consent, the first and fourth authors consulted with their clinical supervisor, the wider multi-disciplinary team and other professionals involved with the individual's care before completing consent forms with the individual.

Twelve participants were recruited however one opted out before the group started, one opted out after attending one session, and one was unable to attend due to a deterioration in health. Participant 1 (P1) attended both mindfulness groups, therefore making a total of nine

participants. Participants were aged between 19 and 56 years (Mean = 34.1, SD = 12.05) and all identified as White British. Participants missed an average of 1.5 out of the eight sessions for reasons external to the intervention and the psychological problem presenting. Participant demographic details are provided in Table 1.

INSERT TABLE 1 AROUND HERE

Group facilitators

The first author (the primary researcher) and the fourth author facilitated the groups, co-delivered all sessions, and were both experienced practitioners within the CLDT. The first author was, at the time of research, a trainee counselling psychologist, had completed an eight-week mindfulness for stress course and practiced mindfulness regularly within her clinical practice and everyday life. The fourth author is a qualified clinical psychologist with both a personal and professional interest in mindfulness and also practiced mindfulness within her clinical practice and everyday life.

The facilitators' approach to development and delivery of the MBP was informed by their experience, training, and values, and the tools available to assess the integrity of MBPs and teacher/trainer competence such as the Mindfulness-Based Interventions: Teaching Assessment Criteria (MBI:TAC; Crane et al., 2012). The MBI-TAC details six domains; one of which being 'relational skills' requiring the mindfulness teacher to demonstrate authenticity (being genuine, honest and confident in their style of relating), connection and acceptance (connecting and empathising with participants in their present moment experience) and curiosity and respect (a genuine interest in participants' experiences, whilst

respecting their boundaries and vulnerabilities). The MBI:TAC was used as a reflective tool to help the trainers orientate to how to offer MBPs.

The Mindfulness Groups

Two Mindfulness Groups were delivered consecutively which aimed to support attendees to manage their anxiety, low mood or anger. The aim of the intervention was explained verbally to participants during the first session, with checking of understanding for each participant in line with the recommendations of Griffith, et al. (2019). Each group ran for eight sessions over eight weeks. Each session ran for 1.5 hours. Both groups were delivered in the community by the first and fourth author (as outlined above). Both groups adhered to an eight-week structured program designed by the primary researcher in consultation with the fourth author. The MBP was developed in consultation with the psychology and speech and language teams within the service. The exercises were chosen and adapted based on the first and fourth author's clinical practice, experience and knowledge of mindfulness and the client population, taking into consideration how to explain mindfulness in concrete, understandable terms. Part of this derived from the work of Williams and Penman (2011); however other aspects were developed through discussions between the first and fourth authors and discussions with trained mindful practitioners. The programme incorporates the recommended components by Crane et al., (2017) and follows their recommendations for adapted programmes; specifically that the teacher has relevant professional training to work with the target group, and that the core curriculum is integrated with adapted elements and variation in programme delivery are tailored to the group. References for each of the mindfulness exercises are referred to in Table 3. In an effort to address concerns regarding fidelity raised by existing reviews of the literature (Hwang & Kearney, 2014) an outline of

the group content is provided (Table 2) and descriptions of the mindfulness exercises practiced, adaptations made and source references (Table 3).'

INSERT TABLE 2 AROUND HERE

INSERT TABLE 3 AROUND HERE

Up to three mindfulness exercises were planned per session. In a typical exercise, participants were asked to focus their attention on their breath, observe their thoughts and practice 'letting go' of these thoughts (Williams & Penman, 2011). Mindfulness exercises included the body scan, the three-minute breathing space, mindful movement and mindful walking. Each exercise was followed by discussion. Workbooks containing written scripts for the mindfulness exercises were provided during the first session to refer to throughout the course. Each workbook included a CD with audio-recordings of the scripts for these exercises. The CD was voiced by the primary researcher who led the majority of the exercises.

Data collection

Participants met with group facilitators approximately one week prior to the first session of the group. The study materials (information sheet, consent form and interview schedule) were presented in easy read format, each developed using simple, concrete language. Boardmaker images were used and documents were created in consultation with Speech and Language Therapy colleagues. Documents were read through with each participant, signed by each participant and signed by the group facilitators. An opportunity for questions and discussion was provided.

Data was gathered via two group interviews (Group 1 N=4 (Duration = 46:18 (Minutes:seconds)) and Group 2 N=4, (Duration = 39:34). The mean duration of the group interviews was 42:39)) and 7 individual interviews. Interview duration ranged between 7:57 and 42:02 with a mean duration of 18:20. During the final session of both groups, participants were invited to participate in an optional audio-recorded group interview. All participants agreed to participate. Subsequent individual audio-recorded semi-structured interviews were also conducted approximately five weeks following the final session of the Mindfulness Group with seven people who wished to participate. Interviews took place in participants' homes or clinic rooms and were conducted by both facilitators.

Schedules for the group discussions and interviews were developed to elicit what participants were hoping to gain from the group, what they enjoyed or found helpful, what they thought about mindfulness and how they understood it, whether they learnt anything from the group and whether they would continue to practice mindfulness at home. Questions were open-ended and explorative rather than leading, incorporating prompts to support participants for whom open-ended questions may be intimidating (Finlay & Lyons, 2001). Materials from the MBP were used to aid memory and recall.

Data analysis

Seven semi-structured interviews and two group discussions were completed. Each were audio-recorded, transcribed and analysed using interpretive inductive thematic analysis. The analysis was conducted in accordance with the six stages outlined by Braun and Clarke (2006): (i) transcription and familiarisation with the data; (ii) generating initial codes; (iii) searching for themes; (iv) reviewing themes; (v) defining and naming themes; and finally, (vi) producing the report. Initial codes and themes generated and identified by the primary

researcher were reviewed by the co-authors. This analytic approach involved descriptive semantic coding of the inductive experiences that the participants with intellectual disability had of the mindfulness intervention. This process of analysis also involved interpretive latent coding of these experiences and the processes inherent in the mindfulness intervention by the authors from these participant accounts. This plurality of approach avoids rigidity in thematic analysis, warned against by Braun and Clarke (2019), and reflects a more non-linear, non-mutually exclusive approach to thematic analysis.

The group facilitators engaged in a continued process of reflexivity in line with the ethos of counselling psychology, qualitative data collection methods and thematic analysis. All results and any conclusions drawn were checked and discussed with research supervisors in a process of peer debrief (Nowell et al., 2017). Further, efforts were made to ensure any conclusions or interpretations drawn from the analysis were embedded within the data and representative of the data. The authors acknowledge the tensions that exist in interpretive inductive analysis, holding at the forefront the aim to honour and prioritise the voices and accounts of participants whilst also offering tentative interpretation and reflection. Trustworthiness measures were in place alongside a rigorous process of documentation, reflection and validity checking.

Ethical approval

Ethical approval was granted by the University [name removed for review], the NHS Research and Development Office, and the National Research Ethics Committee. Participants provided informed consent, had the right to withdraw at any point and were debriefed at the conclusion of the study. To maintain confidentiality participants were assigned a number from 1 to 9.

Findings

The thematic analysis resulted in four master themes and subthemes. These are summarised in Table 4 along with key quotes to illustrate each theme. Quotes extracted from the transcriptions were used for the master theme headings to emphasise the central role participants played in the research. Themes are presented in an order chosen to promote fluidity of narrative and support a coherent discussion.

INSERT TABLE 4 AROUND HERE

Master Theme 1: "We have coffee and biscuits but it's more than that"

Motivation, engagement in meaningful activity, gaining a sense of purpose and participants' experience of the therapeutic aspects of the group are explored in Master Theme 1. Participants' focus on fun and enjoyment may reflect a misunderstanding of the purpose of the group, however it might also highlight a component of the group that was necessary to facilitate an environment in which participants felt safe, supported and accepted and able to engage with the intervention. Further, experiencing the group as an enjoyable activity may have positively influenced participants' motivation to attend.

Subtheme 1: Enjoyment and fun

Facilitators wanted the group to be a positive experience. Group content was designed to be engaging and to promote discussion, with the hope that participants would benefit from their involvement. A number of participants commented directly on their enjoyment of the group: *"I've been enjoying the sessions" (Group Discussion (GD) 1, P2)* and *"It was really fun" (Interview, P6)*. It seems participants' active engagement in the practical exercises promoted this sense of enjoyment and fun. For example, P8 recalled with some enthusiasm an exercise

in which participants drew and wrote on the outline of his body to create a visual representation of physiological responses to stress and anxiety.

By having fun together, a group bond or identity was forged. P7 remarks *"we had some fun times" (GD 2)* and positions himself as being part of the group. This group identity was characterised by humour and a shared enjoyment of the group and of each other. Fun and enjoyment became an integral aspect of the group and there was an expectation that facilitators would support this jovial atmosphere. This experience of the group being somewhere to have fun went on to define the nature of the group for some and whilst this may have provided some motivation to attend, it may also reflect a misunderstanding of the nature of the group. The group was not intended to promote happiness (or provide entertainment) but was intended as a space to explore emotions, with the expectation this might involve difficult emotions such as sadness and anger. However, it seems this experience of the group being a place to have fun and be cheerful helped some to recognise and challenge their own emotions. Participants considered their emotional state in comparison to others, put this into perspective and were able to change their pattern of thought: *'Cause sometimes when I get down it can last for a long time. But then (…) everybody started laughing I think oh for goodness sake cheer yourself up P1, stop being so miserable. (GD 2, P1).* Having fun not only defined and shaped the group, but also facilitated change.

Subtheme 2: Engagement in meaningful activity and gaining a sense of purpose

Each group quickly developed a set of routines and participants assigned themselves certain roles or tasks. The task of making drinks at the start of each session was a collaborative one and symbolic of the care and kindness of the facilitators and participants.

There was a sense that attending the group provided participants with a meaningful and valued activity. P1, for example, said the group gave her motivation; something to get up for. She also felt more motivated to engage in enjoyable activities outside of the group. With the support of her advocate P1 was motivated to make practical changes that might have a beneficial impact on her quality of life. She spoke of going for walks, meeting friends and redecorating her flat. P1 and P5 expressed disappointment the group had come to an end.

Participants' motivation to attend suggests they perceived the group as meaningful and worthwhile. P3 attended the group because she was *"quite stressed out"* and *"needed to calm down a bit" (GD 1).* P2 said he attended the group *"To achieve. To get something out of it",* whilst P4 was *"interested"* and *"needed it" (GD 1)*. Some were motivated to attend in the hope of making friends, whilst for others the idea of meeting new people caused some anxiety. P2 recalled feeling nervous before the first session, however attending the group despite initial hesitation lead to a sense of achievement and pride.

Participants spoke positively about the group with P1 going as far as to say *"I think without this group I think I just... wouldn't really exist" (GD 1).*

Subtheme 3: The therapeutic nature of the group

Subtheme 3 focuses on references made to the therapeutic nature of the group and participants' ability to use the group as an opportunity to talk openly about their difficulties. Whilst subtheme 1 'Enjoyment and Fun' highlights the enjoyable aspects of the group, fostering an atmosphere for therapeutic change goes beyond enjoyment and fun and in many ways challenges the perception of the group as a place for enjoyment and fun. Indeed, when

asked about what they did not like about the group, both P1 and P9 said they did not like feeling *"down" (GD 2).* It is possible that talking about their difficulties may have initially exacerbated their feeling 'down', however the hope of any therapeutic intervention is to progress from the discussion of facts and exploration of emotions to positive change, growth and development. Whilst diversion to an alternative topic of conversation or distraction with an enjoyable task might have felt less challenging in the short term, the basis of mindfulness is awareness. Facilitators attempted to model mindful awareness (encouraging participants to become aware of their feelings), acceptance, non-judgement and compassion during discussions and referred back to mindfulness concepts when, for example, problem solving with participants or thinking about different ways of coping. Both P3 and P6 said they found it helpful to talk about feelings, with P6 referring specifically to the problem solving potential of these discussions.

Master theme 2: "You didn't feel sort of the odd one out"

Master theme 2 focuses on the group dynamics and relationships formed between participants. The opportunities participants had to socialise, share experiences, learn from each other and to develop friendships are discussed, as is the impact of these friendships on participants' overall experience of the group.

Subtheme 2.1: Socialisation and sharing

Participants seemed to appreciate meeting with and getting to know each other. Some felt accepted within the group and were able to talk openly without feeling criticised, which facilitated a sense of belonging and inclusion. Participants were compassionate towards and showed acceptance and empathy for each other. For example, P8 recalled a story P1 had told some weeks previously about a woman who would not let her sit down on the bus. As P1 told

her story others were able to empathise and identify with her experience. In return, P1 found she was able to identify with them and could see aspects of her own experiences as they spoke about their difficulties. There was a process of synergising that occurred through shared experiences which appeared to provide a degree of comfort. The Mindfulness Group therefore provided an environment in which participants could share their experiences, offer each other acceptance, comfort and support, and also learn from each other and think about themselves in relation to others.

Subtheme 2.2: Friendship, bonding and support

The Mindfulness Group was a social experience in which relationships were formed which could be maintained outside of the group context. Participants tended to view these relationships as ongoing friendships rather than therapeutic relationships that might be time limited, bound to the Mindfulness Group. There was a sense that the Mindfulness Group created an atmosphere in which these friendships could be formed as participants felt safe to disclose information about themselves and were able to get to know each other and provide support for each other. Participants felt pride in their ability to form these relationships and secure in the knowledge they could share as much or as little as they felt comfortable, with validation rather than dismissal of their experiences. The tendency for others to infantilise adults with intellectual disabilities, responding to them as one might a child (e.g. *"oh don't be silly"(GD 1, P1)*), or to engage in paternalistic relationships with them appeared to be the antithesis of what some participants valued about the Mindfulness Group. Participants felt included in a peer group and felt that their contributions were valued and respected. The significance and depth of relationships formed within the group took on considerable importance in participants' lives and had a positive impact providing, for some, a type of support previously absent from their lives.

Although the group was reportedly positive in the main, perhaps as a result of the strong group bond and identity, participants also highlighted some difficulties. Specifically, maintaining a sense of self and ensuring equal opportunity for individual contributions to discussion was problematic for some.

Master theme 3: "I think you two have probably helped"

When asked what he liked about the Mindfulness Group P8 replied *"Everything. Including you" (GD 2)* which raises the question: how much of his experience of the group was attributable to the facilitators' own unique style or rapport? Presumably, his experience of the group would have been different had it been led by different facilitators. Master theme 3 reflects on the particular qualities of the facilitators which participants identified as helpful and offers insight into the relationships formed between facilitators and participants.

Subtheme 1: Group facilitator qualities

P7 noted that the facilitators *"Really kept us like, thinking" (GD 2)* whilst P1 and P2 commented on the kindness of the facilitators and their comforting, kind and loving presence within the group. P1's suggestion that the facilitators were "*very kind and very patient"* and "*have to be really patient with us" (GD 2)* highlights her perception of herself and her own difficulties, perhaps referring to difficulties associated with having an intellectual disability.

It was often difficult for facilitators to respond to the needs of participants whilst following the session plans and managing time. P1 was aware of these difficulties and made suggestions as to how facilitators might have better managed group dynamics by, for example, being more assertive and ensuring all participants had equal opportunity to

contribute to discussion. Overall, however, P1 appreciated the relaxed style of the facilitators and the fact that, in her eyes, they did not take their role too seriously.

Subtheme 2: Participant-facilitator relationships

P5 thought the facilitators had been *"really good supporting me"* and had "*done a really good job" (Interview).* P8 noted that it was helpful when one of the facilitators visited him at his home, suggesting that facilitators' ability to work flexibly may have been of some benefit.

There are many examples of positive exchanges between facilitators and participants throughout the interviews and group discussions. These positive exchanges were often characterised by humour and highlight the importance of building and maintaining rapport. Participants felt able to correct or challenge facilitators if they made a mistake, to joke with them and to ask questions, providing opportunities for self-disclosure, which in turn provided moments of connection.

There was some indication the relationships within the Mindfulness Group and the therapeutic context within which they were formed were not always distinguished from friendships and an opportunity for social contact. Rather than seeing the Mindfulness Group as an opportunity to learn about and to practice mindfulness, participants often saw the group as a place to have fun and explore their new formed friendships. At times facilitators experienced a teacher-pupil dynamic in which they found themselves in the unintended position of imparting knowledge and exerting control. P1 comments on this teacher-child dynamic, revealing something about the roles she assumes in everyday life. Indeed, P1's advocate referred to the Mindfulness Group as a *"class" (First Interview, P1*). This may also suggest the intended role of the facilitators had in some way been miscommunicated. This

was evident when participants challenged the boundaries of what might be considered appropriate behaviour for their relationship with the facilitators. Some, such as P5, appeared to have a greater understanding of the roles of the facilitators within the wider service and how their professional boundaries might shape the type of contact they are able to provide.

Despite attempts to foster a sense of equality and reciprocity, the facilitators' professional roles within the service and need to maintain professional boundaries meant that relationships between facilitators and participants would never be ones of true equality as may be experienced within a friendship. Inevitably, facilitators would always know more about participants than they would know about the facilitators. This appeared to create some difficulties for P1 who appeared to project her own insecurities onto the facilitators and at times misinterpreted their actions, particularly when they tried to ensure everyone in the group had an opportunity to contribute to discussion.

Master theme 4: "It gets rid of stress and it relaxes you"

Master theme 4 focuses on participants' understanding of mindfulness, how they experienced the mindfulness exercises and whether they demonstrated or engaged with any of the core mindfulness concepts as defined by Baer et al. (2006).

Subtheme 1: Understanding of mindfulness

Participants accounts suggested little understanding or awareness of mindfulness before attending the group. P2 said he *"didn't have a clue" (GD 1)* about mindfulness whilst others expected it to be about relaxation, the mind and body, or drew comparison with tai chi. After experiencing the group, P3 said she would describe it to other people as *"fulfilment in life" (Interview)* perhaps referring to aspects of the group which promoted quality of life. Others

placed emphasis on learning coping strategies or *"relaxing" (GD 1, P4)*. The most helpful part of the intervention for P4 was *"just the relaxation" (GD 1).* It is possible that relaxation was a term and a concept participants and those supporting them were more familiar with. Where participants struggled to explain what the group was about, they saw it as an opportunity to *"chat if you have a problem" (Interview, P6)* or had simply forgotten due to the lapse in time between intervention and interviews.

Subtheme 2: Experience of mindfulness and the mindfulness exercises

Participants reported finding the mindfulness exercises enjoyable, describing them as *"funny" (GD 2, P7 & P9).* P4 compared an exercise in which participants stretched individual parts of their body to the *"hokey cokey" (Interview)*. Participants' comments regarding the visualisations and creating tension in muscles, letting go of emotions, and the ability to self-regulate, demonstrated engagement with the exercises at a deeper level. Although participants indicated that they engaged in little or no formal mindfulness practice at home, many provided numerous examples of informal practice.

Subtheme 3: Demonstrating self-awareness through mindfulness

Participants demonstrated some understanding of mindfulness and an ability to engage in behaviours that would both be indicative of mindfulness and would also cultivate mindfulness. For example, participants demonstrated the ability to observe and describe internal processes. P3 described herself as *"a good person"* who can sometimes *"blow things out of proportion" (GD 1).* Participants were encouraged to develop emotional awareness by observing how they felt in terms of relaxation, stress and tension and to reflect on why they might feel this way. P5 provided insight into his understanding of the purpose of this exercise

explaining that if you notice how you are feeling you might notice how those feelings are affecting you.

P6 demonstrated acting with awareness of emotions around a recent bereavement as he articulated that he wanted to change his sadness. P3 found it difficult to accept the opinions of others if these contradicted her own. She became aware of this pattern of thinking, the judgements she made of herself and the impact of this on her mental health. She expressed a desire to change this pattern of thinking towards saying 'nice' things about herself and developed a degree of compassion and acceptance towards herself.

Subtheme 4.4: Difficulties with mindfulness and the mindfulness exercises

Participants sometimes struggled to engage with the mindfulness activities and did not always appear to understand the purpose of them. This was sometimes due to how the exercises were presented, but also potentially due to the physical, emotional and cognitive demands inherent in them.

At times participants struggled to focus their attention on the mindfulness exercises and to engage as they happened. For example, the mindful movement exercise, in which the primary researcher provided verbal instructions and second facilitator modelled the exercise, was seemingly too quick for some. Some participants focussed on what they should be doing therefore impeding their ability to fully engage with the exercise. Contrary to the non-judgemental nature of mindfulness and emphasis on acceptance, participants reported an inner dialogue or conflict. Mindfulness meditation promotes the idea that thoughts are transient; they come and go and are not *"real"* (Williams & Penman, 2011; p. 11). There was

evidence in the accounts that participants struggled to accept that their thoughts might not be an accurate reflection of reality.

Some participants demonstrated a surface level understanding of the purpose of the mindfulness exercises. For example, P4 referred to the raisin exercise as *"the tasting"* exercise and said he remembered this exercise because *"it was tasty" (Interview)*. He did not make reference to mindfulness concepts however he did remember that the exercise involved bringing the focus of attention to the taste of the raisin. Similarly, P2 remembered he "*played with raisin"* and that "*It was something to do with taste" (Interview*).

When asked what was the most useful part of the group P2 replied *"listening to the noises on the radio"* whilst P3 commented *"I liked the exercises and I liked, er, the birds" (Group Discussion 1)*. During this exercise a selection of sounds were played including the noise of a crowd, birds singing and the ringing of an alarm clock. The purpose of the exercise was to demonstrate that external stimuli can elicit varying physiological and psychological responses. When asked what they were trying to find out by listening to the sounds P3 replied *"what was noisy and what wasn't" (Interview)*.

Finally, participants had difficulty practicing mindfulness at home. When asked whether he had looked at the mindfulness scripts or listened to the CD, P2 said *"I think it's in my room somewhere" (Interview)* whilst P4 said the resources had been "*put aside" (Interview).* P5 said he had not *"had chance to listen to [the CD] yet" (Interview)* and P9 explained that *"having stuff on my mind doesn't let me do it" (GD 2).*

Discussion

This study provides a rich and detailed account of how people with intellectual disabilities experienced, understood and thought about a MBP. Overall, participants experienced the Mindfulness Group as a meaningful activity which they were motivated to attend and reported feeling more motivated to engage in meaningful activities away from the group. Due to difficulties some had experienced with, for example, low mood or anxiety, finding the motivation to attend the group may be considered a significant achievement in itself. Participants appreciated the opportunity to socialise and relationships formed within the group were of great significance. Participants tended to think of these relationships as friendships, perhaps due to the personal nature of some of the difficulties discussed and the subsequent degree of intimacy. The importance of motivation is highlighted in the research by Griffith *et al* (2019); participants who were not motivated to change, who saw the intervention as a break in routine, or who completed the intervention due to the perceived expectations of others, were less likely to report any meaningful benefit beyond an enjoyment of the social aspects of the intervention. Further, findings regarding participants' appreciation of the social aspects of the MBP are consistent with previous research regarding group therapeutic interventions for individuals with intellectual disabilities (MacMahon *et al.*, 2015).

Sharing of experiences, feelings of acceptance within the group and learning that they are not alone in their experiences were important components of the MBP. This finding accords with Chapman and Mitchell (2013) that sharing and understanding that others have similar experiences is beneficial. Similarly, Currie *et al* (2019) highlighted the pleasure experienced by participants of being in a group, having a sense of belonging and of being with others who participants perceived to be similar to themselves. It cannot be assumed that involvement in

the group lead participants to be more empathic, however their desire to help and support each other and the ability of most to identify with others within the group is consistent with Yildiran and Holt's (2014) finding that participants with intellectual disabilities became more caring towards others following their involvement in a mindfulness group.

Participants engaged in mindful behaviours such as noticing and paying attention to the things around them such as sights and sounds; however it is unclear whether participants' increased attention was used as a means of distraction from unwanted thoughts or feelings, rather than a means of increased awareness. Participants were observed to frequently digress from the present moment (i.e. to lose focus on the discussion or activity at hand) suggesting that present moment awareness may have been particularly difficult. Further, it is unclear whether participants were able to maintain their understanding of mindfulness over a prolonged period of time.

In relation to participant experiences and understanding of mindfulness concepts and practice, it seems participants were able to develop their own understanding of mindfulness which tended to be framed by concepts typically associated with relaxation. Some appeared to struggle to articulate their understanding of mindfulness, whilst others said mindfulness was about fulfilment in life, feeling less stressed, discussing different emotions and learning how to cope with everyday life, again, consistent with Yildiran and Holt (2014). Benefits were evident from mindfulness techniques despite having an internal experience to mindfulness that differed from 'classic' mindfulness. There is some uncertainty in existing literature whether a lack of understanding of the MBP curtails benefits to the individual (Griffith *et al*, 2019) or whether a full understanding of the MBP is not necessary for therapeutic gain (Currie *et al*, 2019).

As previously highlighted, facilitators did not intend to be seen as teachers imparting knowledge, but rather therapists working collaboratively with participants to share, experience and practice mindfulness techniques. It was hoped that participants would find these skills beneficial for their emotional wellbeing and that they may be able to develop the skills, confidence and sense of personal agency to practice mindfulness within their everyday lives. As one example of facilitators' attempts to promote this approach, home practice was not prescriptive but was instead recommended; facilitators emphasised the importance of home practice for personal development and were keen for participants to understand that home practice was for their own benefit. This was in order for the facilitators to distance themselves from the role of teacher imparting knowledge and to support participants' self-determination. However, this likely had the unintended effect of participants engaging in little or no home practice therefore having a detrimental impact on participants' learning and likelihood of continuing their practice of mindfulness post-intervention. Participants were more likely to engage in informal rather than formal practice. Participants may have had difficulty generalising mindfulness practice into everyday life and may have benefitted from support and prompting from family or caregivers.

Although encouraging, the positive regard with which participants viewed the group may be better understood alongside a consideration of participants' personal lives, amount of appropriate support (or lack thereof) and the kinds of activities they might tend to engage in. Against a backdrop of social isolation and limited activity, the Mindfulness Group may have provided a significant source of social contact, self-determination, empowerment and stimulation. Without adequate opportunity for social contact in everyday life of a nature that is both rewarding and fulfilling, people with intellectual disabilities, when in a supportive

therapeutic context, may utilise the space to get this social need met rather than fully engage with the content and primary purpose of the group. With reference to the Mindfulness Group, it is possible that facilitators' ongoing difficulty keeping participants focused on the discussion or exercise taking place at that moment in time may have been reflective of a lack of opportunities to talk, to feel listened to and to engage in conversation with peers outside of the Mindfulness Group. The social aspects of the Mindfulness Group may therefore have been counterproductive to the primary goal of the sessions despite appearing to facilitate engagement and motivation to attend. When delivering similar groups in the future, it may be necessary to consider how best to manage the social aspects of the group so that these motivate rather than detract from engagement in mindfulness practice. Furthermore, the importance of social contact experienced by group members in this study raises the issue of how to ethically end such groups when social relationships have developed as part of them. This highlights the importance of adequate explanation at the start of such group interventions regarding duration and what will happen afterwards. Moreover, the appropriateness, resourcing and ethical issues surround how best to subsequently develop, support and maintain social groups that have formed as out of group therapeutic encounters is raised here. This may have been something the group would have benefitted from and consideration of this prior to beginning future groups is recommended.

Another factor to consider for further study is the multi-faceted nature of the facilitators' involvement in the MBP and the research. The facilitators' both delivered the sessions and conducted interviews. A general reluctance to give critical feedback (Stenfert Kroese, 1998) may have been exacerbated by this fact and participants may have been more likely to respond positively than had they spoken with an independent interviewer who was not linked to the MBP (Chapman *et al.*, 2013). However, it is also possible that participant-facilitator

relationships may have reduced social desirability, anxiety and incomprehension (Stenfert Kroese, 1998) and that familiarity may have facilitated trust and therefore honesty.

The factors discussed above, such as social opportunity and the development of peer and therapeutic relationships, are clearly important factors to consider when reflecting on how or why the MBP may have been a positive experience for participants, however it is also necessary to identify the factors specific to MBPs that give MBPs their value and set them apart from other programmes. According to participants, the elements of mindfulness which may have had the greatest significance were acceptance, awareness and compassion. What is not clear from the results of this study is whether these unique factors can operate independently from the non-specific factors in a way which is meaningful and beneficial to this client population. It is, however, hoped that the transparency with which the findings have been presented will prove useful for future studies focusing on the component parts of MBPs and their individual and collective contribution to positive outcomes.

Existing studies have been criticised for providing little information regarding the mindfulness trainer (*cf.* Hwang & Kearney, 2014) whilst others highlight the importance of the personality and skills of the mindfulness trainer (Chapman & Mitchell, 2013). The trainer is seen as *"a critical variable in the training and delivery of mindfulness interventions and…outcomes for individuals with intellectual disabilities"* (Singh *et al*., 2013b; p. 261) and there exists great diversity in the training available to mindfulness trainers and their embodiment of the mindfulness practice (Singh *et al*., 2017). This study has provided a brief background to the facilitators and has sought to gather participants' perspectives of the facilitators, however it is acknowledged that the facilitators were in the process of developing their own mindfulness practice and had not received formal training in teaching mindfulness.

This will have had implications for participants' experience of the group and their ability to learn, to practice and to embody mindfulness for themselves. Whilst the relatively limited experience of the facilitators' in delivering MBPs may be a limitation of the present study, there is a move towards non-expert delivered MBPs/third wave interventions (e.g., Hulbert-Williams *et al*., 2017). This feels especially important to consider in the current climate of increasing demands and cuts to services. As Crane *et al.* (2010; p.76) explain *"…there is plentiful grassroots interest in [MBPs]…too few teachers who are competent in its delivery and a lack of organisational and service commissioning support…"* If non-expert clinicians continue to be employed in this area, future research might benefit from a process of fidelity checking. This might involve recording each group session so that facilitators' can be observed in order to check for adherence to pre-agreed indicators of competency and intervention integrity.

Given this research was interested in participants' experience of the MBP in order to establish acceptability to the target population, future research might consider employing an assessment of social validity. This would allow for specific aspects of the MBP to be identified and revised in accordance with participant experience (see, for example, Luiselli *et al*., 2017; Worthen & Luiselli, 2017) and allows for the target population (i.e. adults with intellectual disabilities) to remain the focus, actively participating in and shaping the development of the intervention. Engaging participants in social validity assessments *"empowers these individuals as they become part of the process and make informed choices regarding interventions"* (Marchant, *et al*., 2013; p.6); a key priority for researchers and practitioners working with people with intellectual disabilities. Future studies might also seek to gather information regarding the experiences of those who support people with intellectual disabilities, inviting family or care providers into mindfulness groups to consider the effect

their involvement might have on outcome and generalisability of mindfulness into participants' everyday lives.

Conclusion

This research qualitatively demonstrates the potential benefits of MBPs and adds to the literature regarding therapeutic group work and group dynamics with people with intellectual disabilities. It also provides novel insights into how relatively abstract concepts such as mindfulness might be practiced and constructed with people with intellectual disabilities in a group setting. Participants enjoyed and were able to engage in mindfulness practice within a group format. Benefits of participation included feelings of self-determination, friendship, support, socialisation, acceptance and sharing. Some understanding of mindfulness concepts was accrued. This research has included the voices of people with intellectual disabilities and it is their voices which should continue to inform future development of MBPs for people with intellectual disabilities.

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Table 1: Participant Demographic & Background Information

Participant No.	Group No.	Age (years)	Gender M/F	No. of sessions attended %(N/Total)	Primary diagnoses	Referrer	Reason for referral
1*	1 and 2	56	F	87.5 (14/16)	Mild intellectual disability Depressive illness	Psychiatrist	Depression
2*	1	29	M	75.0 (6/8)	Mild intellectual disability Autism	Self-referral	P2 had attended previous groups and asked that he be invited to future groups
3*	1	43	F	87.5 (7/8)	Mild-Moderate intellectual disability	Social Worker	Anxiety, depression, low self-esteem linked to history of abusive relationships
4*	1	40	M	100.0 (8/8)	Mild intellectual disability Autism Schizophrenia	Psychiatrist	Referred specifically for consideration for the Mindfulness Group
5*	1	19	M	75.0 (6/8)	Mild intellectual disability Autism Anorexia Nervosa	Community Nurse	Anxiety linked to eating disorder
6*	2	26	M	37.5 (3/8)	Mild-Moderate intellectual disability Williams Syndrome Dyslexia	Social Worker	Anger, relationship difficulties
7	2	33	M	87.5 (7/8)	Mild-Moderate intellectual disability Attention Deficit Hyperactivity Disorder	Clinical Psychologist	Anger, excessive drinking, relationship difficulties with family
8	2	41	M	100.0 (8/8)	Mild intellectual disability	Psychiatrist	Anxiety

					Possible non-epileptic attack disorder precipitated by anxiety		
9	2	20	M	75.0 (6/8)	Mild intellectual disability Attention Deficit Hyperactivity Disorder	Psychiatrist	Low mood, loss of interest in things, reduced appetite linked to relationship difficulties

* Indicates participant was interviewed individually

Table 2: A Summary of the Mindfulness Group content and activities

Session No.	**Content** *Adaptations: Easy read adapted documents, language simplified, supported explanation with pictures and shared drawing activities (use of verbal and non-verbal communication), skills based/experiential exercises, length of exercises shortened and modelling of activities, large printed picture of thermometer for checking in/checking out exercise, repetition to aid assimilation and learning, psychoeducation.*
1	Adapted easy read consent forms; Ice-breaker exercise; Overview of mindfulness, the group and aims; Contracting; 'Mindfulness of the Breath Exercise'; 'Raisin Exercise'
2	Introduce the 'Checking in/checking out' exercise to be completed at the start and end of each session, i.e. rating mood on 5 point scale (mindfulness concepts: observing, describing awareness); 'Mindfulness of the Breath Exercise'; Recap on previous session; Practical exercises targeted at understanding physical sensations of the body associated with mental states such as anxiety (mindfulness concepts: observing, describing, awareness); 'The Body Scan'; Checking out exercise.
3	Checking in exercise; 'The Body Scan'; Recap on previous session; 'Mindful Movement'; Practical exercises around self-care and feeling good (mindfulness concepts: gratitude, compassion); 'The Three Minute Breathing Space'; Checking out exercise.
4	Checking in exercise; 'The Three Minute Breathing Space', Recap on the previous session; Practical exercises designed to develop an awareness of thought processes (mindfulness concept: observing, describing, awareness, non-judging of inner experience), 'The Three Minute Breathing Space'; Checking out exercise
5	Checking in exercise; 'Walking Meditation', Recap on the previous session; Practical exercises based on the 'Turning Towards Difficulties' exercises outlined in Williams and Penman (2011) (mindfulness concept: acceptance); 'Mindfulness of the Breath Exercise'; Identifying sources of support; 'The Three Minute Breathing Space'; Checking out exercise
6	Checking in exercise; 'The Three Minute Breathing Space'; Recap on the previous session; Practical exercises focused on emotions and memories; Practical exercises based on the befriending meditation (Williams & Penman, 2011) (mindfulness concept: compassion); 'The Three Minute Breathing Space'; Checking out exercise
7	Checking in exercise; 'The Three Minute Breathing Space'; Recap on all previous sessions and topics covered; Discussion around changes participants may have made over the past 7 weeks; Mindfulness exercise(s) of group's choice; Checking out exercise
8	Checking in exercise; Mindfulness exercise(s) of group's choice; Audio-recorded group discussion; Plan for follow-up sessions to complete debrief forms; Checking out exercise.

Note: Copies of the materials developed for each session can be obtained from the first author.

Table 3: A description of the mindfulness exercises, how they were adapted, and how they were received

Purpose and description	*Adaptations*	*Participant/facilitator comments*
Mindfulness of the Breath		
Introduction to mindfulness practice. Focus on the breath.	Adapted from Vivyan (2009) comparing the breath to the concrete/familiar image of a balloon inflating/deflating as the breath enters and leaves the body. Terms such as 'inflate' and 'deflate' replaced with 'bigger' and 'smaller' and 'abdomen' replaced with 'tummy' or 'stomach'. Guidance expanded allowing for repetition and prompting.	Participants described the exercise as relaxing, peaceful and *"weird"*. Some described the physical sensation of the breath flowing in and out of the body. Others noted difficulties concentrating or *"switch[ing] off"*. P1 felt tearful having become aware of her emotions during the exercise. P8 pretended to be asleep – perhaps an indication of how relaxed he felt, or a strategy to avoid discussion.
The Raisin Exercise		
Focus attention on the act of eating a raisin and notice how paying attention changes the experience of everyday activities.	Adapted from Kabat-Zinn (2006). Little adaptation required due to the practical and interactive nature of the exercise. Participants encouraged to use their senses to explore the raisin. The use of prompts throughout maintained engagement and supported guided discovery.	Participants commented that the exercise took patience and practice and that they felt able to practice something similar at home.
The Body Scan		
Reintegrate the mind and the body and to experience in the present moment how thoughts and emotions can create tension in the body (Williams & Penman, 2011). Participants were asked to focus their awareness on different parts of their body starting with their feet.	Adapted from Williams and Penman (2011) who refer to a 'spotlight' of attention focusing on the toes working up the body before reaching the head. Participants encouraged to imagine the spotlight of a torch shining on different parts of the body. The exercise was shortened, focusing on fewer and less specific parts of the body. During Group 1 participants practiced in silence however it was unclear whether they were following instruction and it was not possible to check for understanding. The exercise was further adapted for Group 2 - participants were asked to hold, touch or point to each area of the body as they focused their attention.	P9 found the exercise nice, relaxing and he felt able to *"let everything go."* P1 commented on physical sensations (such as feeling the arthritis in her legs) and being able to observe her breath entering and leaving her body. She said it felt nice and that it helped to "*get rid of distress"*. Facilitators struggled to gather everyone's attention to begin the exercise and queried how engaged participants were and whether they understood the relevance of the exercise.

Table 3 Continued

Purpose and description	*Adaptations*	*Participant/facilitator comments*
Mindful Movement		
Observe and experience the physical manifestation of stress through a series of stretches; *"involves anchoring awareness in the moving body"* (Williams & Penman, 2011; p.118).	Adaptations made to the language and sentence structure of the exercise described by Williams and Penman (2011). The sequence of four interlinked stretches was followed including the use of imagery. One facilitator modelled the exercise whilst the other provided verbal instruction.	Participants said they felt relaxed. Facilitators noted participants appeared more engaged with the practical and interactive exercises, such as mindful movement, where they were able to leave their chairs and practice as a group.
The Three-Minute Breathing Space		
Three steps: becoming aware of the inner experience (thoughts and emotions), gathering and focusing attention on the breath, and expanding the field of awareness to include the whole body.	The language and sentence structure in the guidance provided by Williams and Penman (2011) were adapted and the core concepts maintained. Imagery of a torch shining on the mouth or breath and then the whole body was also used.	Participants said the exercise was relaxing. Some imagined the torch whilst others pictured a beach. P8 said the torch helped him focus on breathing. P6 commented on the sound of birds outside. He imagined himself as a bird flying over a canyon, commented on physical sensations and noted his thoughts could be distracting. Facilitators noted participants engaged well and they observed noticeable changes in participant's pace and depth of breathing. The exercise was particularly successful in terms of engagement and reported benefits – possibly as it was shorter.
The Walking Meditation		
Focus on the physical sensations of the moving body. Walk slowly and mindfully.	Adapted from Williams *et al.* (2007). Group 1 completed the exercise in silence whilst one facilitator modelled the exercise and the other provided verbal guidance (facilitators struggled to assess participant understanding/engagement). Group 2 were encouraged to engage in an observational commentary, reflecting on how different parts of their body felt as they moved.	Participants appeared to struggle. Rather than take their usual sized steps but at a much slower pace, some took very tiny steps whilst others walked quickly. It was unclear whether participants appreciated the relevance of the exercise or understood the relatively abstract nature of prompts such as *"tell me how your legs feel"* with one participant jokingly asking his legs how they were feeling.

Table 4: Master themes, subthemes and illustrative quotations (a summary of the thematic analysis)

Master Theme	Sub Themes	Illustrative Quotations
1. "We have coffee and biscuits but it's more than that"	1.1 Enjoyment and fun	*(...)"I think we like need a volunteer" you said. (...) because yeah it's going to have to be me isn't it! [group laughter] You know! [group laughter] Only me! (Group Discussion 2, P8).* *Group Facilitator 2 (GF2): So why did [P2] draw around you?* *P4: [laughs] I dunno. (Interview, P4)* *P8: Let ladies go first.* *P9: Who are you referring to? [laughs]* *P8: P1! [group laughter] You look like a lady!* *P9: [group laughter] Hey come here then! (Group Discussion 2)* *(...) a little bit more (...) funny things and more entertainment. (Group Discussion 2, P7)* *We come here to be happy and try to be cheerful. (Group Discussion 2, P1)*
Defn: The enjoyment, engagement, sense of purpose, and therapeutic benefits gained from the group	1.2 Engagement in meaningful activity and gaining a sense of purpose	*I know you're k- You're very kind, and you are, 'cause I made you drinks. We make each other drinks. (Group Discussion 1, P2).* *I had the motivation to get up and- and looking forward to doing something (Group Discussion 1, P1)* *But it's just so so nice I find my- like I said my knitting and crocheting. You've gave me encouragement to carry on to do that, so I find I'm into that more. (Group Discussion 1, P1)* *P1: 'Cause when [the group] stopped I thought "Oh, just, sort of getting somewhere".* *(...) it's given me motivation to do something...'cause it's a big effort at the moment for me to get that motivation, to keep it going. (First Interview, P1)*

		I am [disappointed] yeah. 'Cause it got me- got me out of the house for a bit and stopped me being bored (…) (Interview, P5) *Gradually more happy but I'm still not- but it's a slow thing but I, er, I know that I will get there and I'm not giving up. (Group Discussion 1, P1)* *(…) came to the- the group to make new friends, to try and get everything out of my system. Bit upset. Make me laugh. New friends like P8, P1 and P9. Really good, cracking people. (Group Discussion 2, P7)* *When I first came I was a bit nervous but I thought I can- I wasn't gonna do the group. I thought that. But as soon as I came, I picked myself up and knew it would… but…er. I liked the group. (Interview, P2)* *[group facilitator] said "how would you like to come along [to the group]?" And I said "oh, well I'll come- I'll probably maybe come along for the first week". Then I like, came along for the first week. Erm. Then I come around for the second week. Now look, I've come round for the third week. (Group Discussion 2, P8)*
	1.3 The therapeutic nature of the group	*And we have laughs and as I said we- we- we have, um, coffee and biscuits and- but it's more than that. (…) instead of thinking, well this is something that I have to deal with all on my own at least other people try to comfort each other. And that's really nice. (Group Discussion 2, P1)* *And just…figuring out who, what or how the problem got there. Or just erm…just being there for each other really. (Interview, P6)*
2. "You didn't feel sort of the odd one out"	2.1 Socialisation and sharing	*(…) it was really good to like interact with other- other people and like er, get to know them. (Interview P5)*

		I could be… quite- quite open. (…) I'm not put down or criticised. And…everybody's just accepted me, the way I am. (Group Discussion 1, P1) *(…) you didn't feel sort of the odd one out thinking, oh everybody's saying oh pull yourself together, don't be stupid. (Group Discussion 2, P1)* *There's a lot of us (…) we've got a lot- quite a lot in common. We can connect. I'm thinking "Yes, that's how I feel in that situation. That's what I feel". (First Interview, P1)* *Everyone goes through like a bad patch and everyone goes through a good patch. (Group Discussion 2, P7)* *(…) It's nice to know we all- we all felt the same and- and we all- we all get sad days. (Group Discussion 2, P1)*
Defn: Group dynamics and relationships, opportunities to socialise, share experiences, and develop friendships.	2.2 Friendship, bonding and support	*'Cause I always see quite a lot of other people from the group while I'm out in town a lot. (Interview, P5)* *Everybody stuck together- stuck by like each other, like a group of good friends. (Group Discussion 2, P7)* *(…) just being there for each other really. Erm. And getting to know each other. And…trying to make friendship groups as well (…) (Interview, P6)* *I've been enjoying the sessions, but I've- I'm really proud of meeting friends, who I can really trust and bond with. And stick in with the group and, go out and say, as much as you want. (Group Discussion 1, P2)* *(…) even if you did burst into tears I don't think anybody (…) would say, oh don't be so silly. And I think (…) would just say, oh are you alright? (Group Discussion 1, P1)*

		(…) everybody's patient with one another. We don't put each other down. We don't say oh you shouldn't be dressed like this. Look at you. Look at this and that. And that- and that is really nice. (Group Discussion 2, P1) *I've found somewhere where I feel…not the odd one out. I feel I'm not being criticised. Not being called stupid. (…) Or you don't know what you're talking about. (Second Interview, P1)* *It was a relief. 'Cause I thinking "Oh. This is just a relief" and I thinking "Why couldn't I have people like this before?" (Second Interview, P1)* *P1: [Others in the group are] feeling exactly the same. And I thinking, how do they know I was thinking that? How do they know? [group laughter]* *P8: Because we know you too well P1, that's why! (Group Discussion 2)*
3. "I think you two have probably helped"	3.1 Group facilitator qualities	*[Facilitators have] a very smiley face and [are] always smiling and happy. (…) You always say do you want a drink or- or, are you alright? And- and find it very comforting and kind. And- and- and loving and what you say is really confidential (…) (Group Discussion 1, P1)* *(…) it's not easy for [the group facilitators] (...) 'Cause it's very difficult to, sort of, erm, 'cause you've got kind and gentle voices and- and- and- and some people can't take it when you say something like "no". They- they- it sounds like you don't mean it but you do mean "no". (First Interview, P1)* *If you can just say (…) "Can you give somebody else a chance?" Or "Excuse me, I'd like to say something to the group." (First Interview, P1)* *And I was thinking, this is just what I need. Because I don't like it if I go to a group and the person that's taking it is too- takes things too seriously. (Second Interview, P1)*
Defn: The influence facilitator characteristics	3.2 Participant-facilitator relationships	*[The facilitators] cheer me up even if I'm feeling a bit- 'cause they've always got smiles and being happy and I thinking, how do they keep that motivation (…) (Group Discussion 1, P1)*

and participant-facilitator relationships had on participants' experience of the group		*I think [the facilitators] have probably helped (…) when [she] came round to my flat that time (Group Discussion 2, P8)* *Group Facilitator: It wouldn't have been the same without you and your cups of tea! (…)* *P5: Yeah. (…) It's always about that isn't it? (Interview, P5)* *Group facilitator: I (…) thought it would be a good idea to run the group because (…) I find things stressful (…)* *P1: That's exactly the same as what I- I get really stressed out and I can't cope with it and it makes me feel (…) very vulnerable (…)" (Group Discussion 1)* *It was sort of like a, um, teacher saying "No you- now children be quiet and concentrate on what I am writing on the blackboard" [laughs] We were just giggle giggle giggle. (Second interview, P1)* *I was gonna jump on [group facilitator] (…) I got a ball and I was gonna chuck it at her but I thought no I can't do that (…) [laughs] (Group Discussion 2, P7)* *You've always been there for me when I'm down or need to talk (…). 'Cause you're from the psychology department obviously. So you know, if I have problems I- I can er…come talk to you or I can, er, phone you up (…). (Interview, P5)* *I like [the facilitators]. I think… I get on quite well. I don't know what they think of me (…) (Second Interview, P1)* *(…) they're nice people. They want to know. They won't know what to do or- or how to handle me or- or- or how to put things without upsetting me. (First Interview, P1)*

4. “It gets rid of stress and it relaxes you”	4.1 Understanding of mindfulness	*[Mindfulness is] supposed to do (…) with the mind and with the body (Group Discussion 1, P1)* *Basically it’s just (…) discussing, like, different emotions and feelings and stuff like (…) how to cope with everyday life (Interview, P5)* *[In the group we can] just chill out with a cup of tea and just (…) relax (Group Discussion 1, P1)* *[Mindfulness] gets rid of stress and it relaxes you (Group Discussion 1, P4)* *(…) I think [mindfulness] gives a sense of mind. And other people’s- other’s minds as well. (Interview, P6)* *Mindisfull (sic) was, er (2) Oh. (4) I’ve forgotten now. (Interview with P2)*
Defn: Participants’ understanding and experience of the mindfulness exercises, and whether they demonstrated or engaged with the core mindfulness concepts	4.2 Experience of mindfulness and the mindfulness exercises	*I think the concentration bits always the funnest (sic) bit because it always- you have to know to just “shush” and concentrate. (Interview with P6)* *P1: When- when I listened to the CD it just remind me of (…) the seaside and I could see it.* *P8: Of the waves don’t it. (Group Discussion 2)* *You do different exercises. Like (4) you tense up and then you relax and everything. And then you- you pretend (4) er, you’re somewhere else (…) you could pretend you’re…I dunno, in Majorca or somewhere? (Group Discussion 1, P3)* *(…) you can let your…feelings by breathing air in and then- then let your feelings- bad feelings- let- let them go. (First interview, P1)* *(…) I loved that because (…) it was like training yourself to be quiet. (…) And I just- I just chatter all the time. (Interview, P6)*

		(…) when you go night fishing… everything is nice and peace and quiet about half five in the morning, everything's just relaxing. Sun's just coming up nicely. (Group Discussion 2, P7)
	4.3 Demonstrating self-awareness through mindfulness	Act with awareness: *But I didn't wanna feel…sad about it… 'Cause it felt like (…) just one of those difficult- difficult things. (Interview, P6)* Act with awareness: *The checking out piece of paper was quite (…) well thought up. 'Cause (…) that's a good reason to also check how you're feeling, how like your emotions are playing with you (…) (Interview, P5)* Act with awareness: *I think, shouldn't put other people down but I'm- put myself down … "it doesn't help my depression and it doesn't help me get stronger and better, not really" (Group Discussion 1, P1)* Non-judging of experience: *I've just got to learn not to say nasty things about myself. And learn, to say nice things. (Group Discussion 1, P3)*
	4.4 Difficulties with mindfulness and the mindfulness exercises	*My legs was shaking trying to keep up … you was quite ahead of me and I's thinking, where? What? [laughs] What's going on? I'm so- I'm just in my own little world just sort of standing still [laughs] (Group Discussion 2, P1)* *[When engaging in the mindful movement exercise] (…) I thought, ooh my legs are going (…) they're shaking and I'm thinking shush be quiet P1 and concentrate on what [the facilitators] are saying, shut up [laughs] (Group Discussion 1, P1)* *[When engaging in a befriending exercise which encouraged saying positive affirmations into a mirror] (…) I don't know what came over me (…) this feeling was saying no ca- can't look at myself put [the mirror] down quick I can't do it. (Group Discussion 1, P1)*