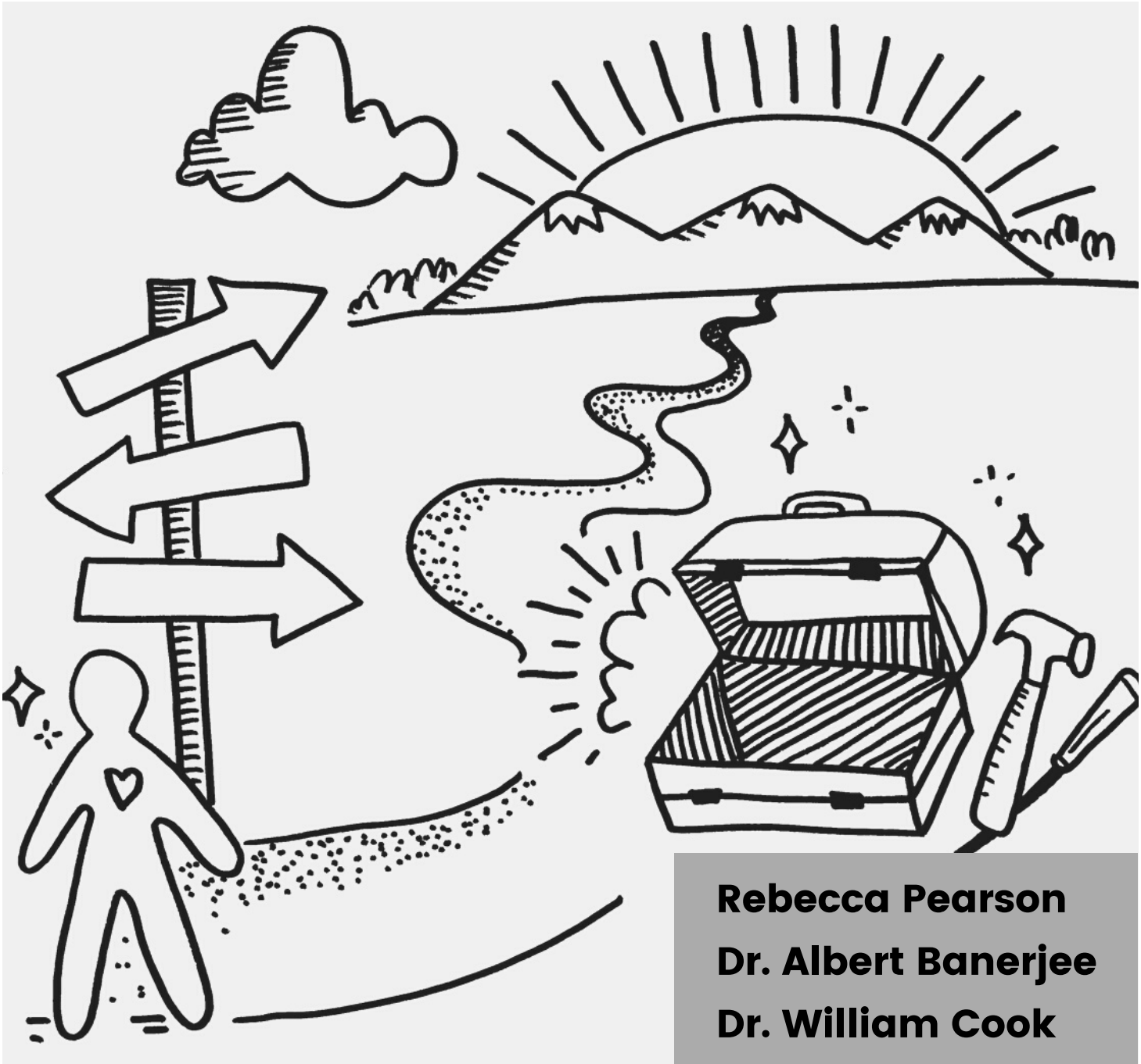
Learning from the Experiences of Participants in an Eight Week Mind-Body Medicine Program



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Introduction

Mind-Body Medicine (MBM) is a branch of medicine that assists people in learning how to help themselves by uncovering and engaging their inner resources and building resilience, broadly understood. The central focus of MBM is on self-management through the core processes of self-exploration and self-regulation in all dimensions of being (physical, energetic, psycho-emotional, mental, and spiritual), in addition to the utilization of appropriate health care services.

MBM is an ancient medical tradition with many different forms, following a biopsychosocialspiritual paradigm rather than a strictly biomedical paradigm. MBM is oriented towards the creation of health and well-being. This intentional focus on the origins of health, versus the origins of disease, is otherwise known as salutogenesis (refer to Mittelmark & Bauer, 2017, for further reading on salutogenesis). Health in this context is created and lived by individuals within the settings of their everyday lives, by caring for themselves and others with meaningful intentionality (World Health Organization, 1986).

MBM works on the interactions among the brain, the body, the mind, intra- and inter-personal relationships, and lifestyle behavior to improve health. MBM is a wholistic and integrative form of medicine, which incorporates knowledge and mind-body therapies (MBTs) from a range of ancient traditions (e.g., yoga, tai chi, meditative traditions, religious/spiritual practices, Ayurveda, etcetera), as well as recent scientific evidence and innovations from diverse fields such as neuroscience and neuroplasticity, psychoneuroimmunology, cognitive behavioral therapies, lifestyle medicine, positive psychology, and education and learning theory.

Clinical research over the past fifty years has shown that MBM produces substantive physiological and psychological benefits, as well as cost savings for the health care system (for overviews, see Dossett et al., 2020 and McClafferty, 2019). Physiologically, these include normalization of blood pressure, respiration, and heart rate variability (a measure of balance in the autonomic nervous system between the sympathetic and parasympathetic nervous systems), lower O2 consumption, resting muscle tone, and changes in the epigenome, as well as enhanced immune system and longevity system functions and anti-inflammatory effects (McClafferty, 2019).

Research into the psychological effects has found that MBM supports cognitive and emotional flexibility and improved emotion regulation and distress tolerance, which are hallmarks of mental health and well-being (Keng, Smoski, & Robins, 2011; Brown & Ryan, 2003). Mind-body therapies (MBTs; especially mindfulness) have been shown to act as mediating factors in internal motivation, a marker for success in achieving one's goals and interests (Levesque & Brown, 2007; Spence et al., 2008). MBTs have also been shown to improve sleep and attention, as well as contribute to decreased symptoms of pain, anxiety, and depression (Zhou et al., 2020; Querstret et al., 2020). Furthermore, from a cost-effectiveness perspective, studies have shown cost-effectiveness with reduced health care usage and hospitalization rates, including reduced post-operative infections, complications, and re-admissions (Stahl et al., 2015).

Even though MBM draws on a rich combination of new science and ancient wisdom, there is a gap in the understanding of people's lived experience of MBTs. For instance, how might engaging with these modern and traditional knowledges effect people's way of living and their approach to health? How might MBTs transform people's relationships to their own mortality, aging, illness, gain, and loss? What advantages or disadvantages might these transformations have, and are they maintained over time? The current research explores the qualitative aspects of participants' experience to allow for a broader understanding of these interventions and how they may be wisely used to help people live well in the face of the challenges that life naturally brings.

Additionally, MBTs are not easily and readily accessible to the public. Various aspects of MBTs are shared with patients by psychologists and social workers in the mental health fields, and on occasion by physiotherapists and occupational therapists primarily through referral systems that result in extensive wait times. They are often not even considered by physicians. In Canada, MBTs have become a core component of cardiac rehabilitation programs (though most often not specifically identified as such), but patients are only able to access these 'after the fact' and similar integrated clinics are not proactively available as preventive or salutogenic options for the public at large. Private MBT instruction and trainings

are available; however, given the cost of registration, most of our population is not in the position to be able to take advantage of these. Private practice psychologists, counsellors, or social workers may include MBTs as part of therapy, though again cost is a barrier for access.

In Canada, to the best of our knowledge, there are few organized, integrated MBT programs that patients or the public can readily access without delay and as a first line activity undertaken while other medical services are being waited for or engaged. The current research project will contribute to our understanding of MBM as an integral part of health care delivery.

The Study

This study aims to understand the lived experience of patients participating in an eight-week MBM training program delivered by Dr. William Cook in Fredericton, New Brunswick. The Iris Center for Mindfulness, Peace and Healing is a not-for-profit corporation that offers various educational programs to the public and houses Dr. Cook's MindBody-Lifestyle Medicine medical practice. Dr. Cook's medical practice has been supported by the New Brunswick Department of Health since 2002. It offers several programs that repeat monthly and are open to the public. The centerpiece is an eight-week training program, referred to as Mindfulness and Conscious Living: A Body-Mind Awareness Training (MCL-BMAT). It incorporates several MBTs including mindfulness, relaxation response, breathwork, cognitive behavioral therapy (CBT), and kindness-compassion practice, and aspects of other mindfulness-based interventions like Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), and Mindfulness-Based Relapse Prevention (MBRP). The MCL-BMAT program is offered in three cycles each year with three to four cohorts in each cycle. Additionally, there is a twice monthly, now virtual, Self-Care Maintenance Program (SCMP) for patients to keep engaged in their self-management and self-regulation practice with ongoing support. See Appendix 1 for an overview of the MCL-BMAT course outline and a summary of course content.

The current project aims to learn from participants about the benefits and challenges of participating in the above-mentioned programs, with a specific focus on the lived outcomes of the 8-week intensive MCL-BMAT program. We sought to gain insight into the transformative and existential effects of MBM from the perspective of participants who completed the MCL-BMAT program. We also sought to follow up with participants who dropped out of the program early to identify potential barriers and difficulties. We aimed to better understand the intricacies of the MCL-BMAT program from the point of view of the participants themselves; what are the benefits, the challenges, and what could be adjusted in the future? Through this learning, the project will contribute to Dr. Cook's program development as well as potentially support the extension of similar programs throughout the province.

Research Questions

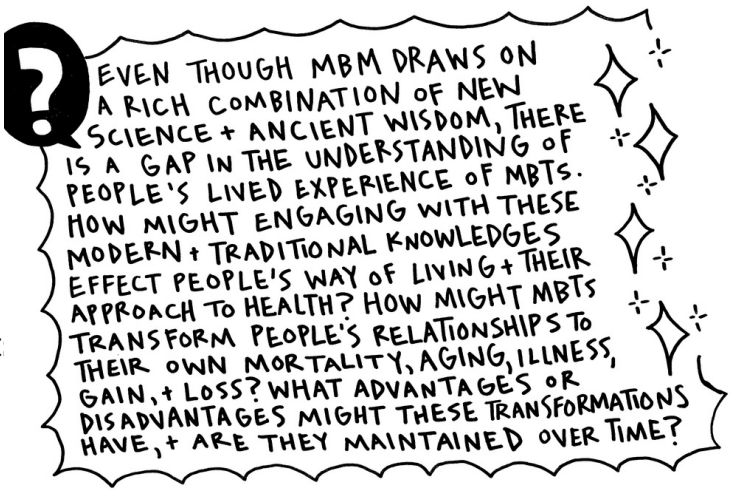
Specifically, our research questions are as follows:

1. What are the positive benefits of the MCL-BMAT program for pqrticipants?

2. What are the challenges of the MCL-BMAT program?

3. Did the training transform participant relationship to satisfaction or suffering?

4. What worked about the course, in terms of material, delivery, and design?



5. What could be done differently in future MCL-BMAT programs?

6. How does MCL-BMAT relate to the meaning of health/illness, or the benefits of a salutogenic approach to health?

Methods

Questionnaires

Participants who completed the MCL-BMAT program were asked to fill out a questionnaire designed to capture their experience in the program and explore how it had affected their lives, if at all. This questionnaire was submitted anonymously, with the knowledge that it might be used for practice audit, quality assurance, accountability, and future research. The questionnaire included closed questions, such as "What would be the ideal number of sessions for you?" and "Would you recommend this program to others?" It also included numerous open-ended questions that allowed participants to elaborate on their experience; for example, "Can you say a few words about your experience with the program and what, if anything, you may have gained from it?" and "What else would you like to have gotten from the program that you didn't get?"

From years 2012 to 2021, of the 1257 people attending the eight week course, 897 individuals completed the questionnaire. Their data was then inputted into an Excel spreadsheet. The qualitative data analysis software NVivo was used to perform a conventional qualitative content analysis of the data within this questionnaire (Hsieh & Shannon, 2005; Richards & Morse, 2013).

To approach such a large data set, we first analyzed a sample of 60 randomly selected questionnaires. These responses were grouped into categories within NVivo based on the above research questions. For example, if a participant described any benefit from the MCL-BMAT program, that piece of their text response would be coded under a "benefit" heading. Next, the remaining 837 questionnaires were organized by year of MCL-BMAT participation, so that we could assess potential differences in participant outcomes between years. The first 20 questionnaires within each year were read, re-read, and coded into the six research question headings. From there, the first author read and re-read coded responses within each research question heading and began to establish emerging themes based on patterns and repetition from participants. Preliminary analyses were shared and discussed with the team for refinement.

Interviews

Once preliminary themes were identified from the analysis of the questionnaires, individual and focus group interviews with participants were conducted to further explore, validate, and nuance these themes. We recruited participants for the focus groups and interviews through email invitations sent directly from Dr. Cook's email account to preserve confidentiality. To further diminish bias and protect confidentiality, individuals interested in participating in the study were instructed to contact the primary researchers (Rebecca Pearson and Dr. Banerjee) directly.

The researchers conducted focus groups with individuals who "completed" the MCL-BMAT program. Completion was defined as having attended at least 6 of the 8 MCL-BMAT sessions. We recruited 20 participants who were considered to have completed the program for focus group interviews ranging in size from 2 to 5 participants and lasting for 1.5 to 2 hours. All focus groups were audio recorded with permission. Researchers who facilitated the focus groups asked broad, open-ended questions about preliminary themes previously identified and allowed the participants to guide the conversation about what was meaningful for them. For a sample of interview questions that guided focus group discussions, see Appendix 2.

Additionally, one-on-one interviews were conducted with four participants who had enrolled in the MCL-BMAT program but were not considered to have completed it (meaning they attended less than 6 of the 8 sessions). These interviews lasted in duration for 20 minutes to 1 hour and were also audio recorded and transcribed.

All focus groups and individual interviews were transcribed verbatim and analyzed for further theme development; as with the questionnaire content, themes represented the experience and effects of the training program.

Quotations

Using data from both the participant feedback questionnaires and the focus groups, a number of short stories and quotations were isolated. These quotations assisted in presenting the data in an accessible manner and could act as resources that can support future awareness campaigns in the province of New Brunswick.

To ensure anonymity of participants, alphanumeric codes were used to reference any participant quotations. Codes beginning with the letter Q refer to written quotes from participant questionnaire forms. Codes beginning with the letter P refer to a participant who attended a focus group or individual interview and provided their feedback verbally.

Results

Below we present the result of our analysis. We begin with the benefits of MCL-BMAT, organized by themes as reported by participants, followed by an exploration of some of the challenges, the key ingredients of MCL-BMAT that worked well for participants, and some recommendations for future course improvement. No notable differences were found in participant outcomes between years. That is to say, participants who took the MCL-BMAT program in 2012 reported similar outcomes to those who took it in 2021.

BENEFITS OF MCL-BMAT

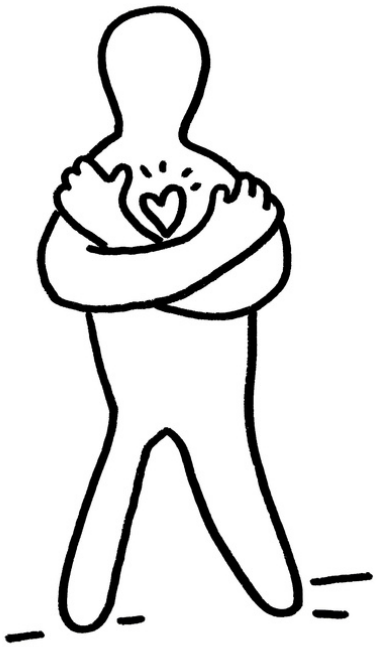
There are numerous and far-reaching benefits to MCL-BMAT that have consistently emerged in our conversations with participants. These appear to orient around their biopsychosocialspiritual functioning, which refers to a model of health care that acknowledges the interactions and relations between an individual's physical, psychological, social, and spiritual well-being (Sulmasy, 2002). It may be helpful to think of these benefits as impacting three core areas: the body (bio-), the mind (psycho-), and relationships (social- and spiritual-).

The Body

Participants reported that the MCL-BMAT program dramatically impacted their connection to and understanding of their bodies, in a variety of ways. Specifically, our analysis identified the following patterns: decreases in physical pain, acceptance of illness, improvements to sleep, an improved relationship to the breath, and healthier eating habits. They are described below.

Decreased Physical Pain

Decreased physical pain and improved physical disability management was a recurringly reported positive side-effect of MCL-BMAT. Participants described how MCL-BMAT helped with pain management by inspiring a newfound stance of curiosity towards their pain, and the willingness to question and explore it. This stance of curiosity differs markedly from participants' previous orientation to pain, wherein they feared or wanted to avoid it. Instead, participants described sitting with their pain, feeling it deeply, focusing on it, and labelling the location of the pain within their body as well as the sensation and intensity of it.



"It opened up my world to the possibility that I can live with friends with the pain." [P1, C1]. Participants remarked that this allowed them to put a name to their pain and to simply exist with it. "Is it burning or throbbing? Whatever the issue is, I think a lot more about, well what kind of pain is it? Can I just be with it? Will it go away?" [P20, M3].

One individual recovering from post-concussion syndrome described how mindful body scans enabled them to recognize that they primarily experience weakness and pain on the right side of their body; a revelation that they were going to share with their physiotherapist to help fine-tune their treatment plan. Another participant described body scans as being helpful in aiding with chronic pain and fibromyalgia, as the scans helped her notice the pain, locate and identify it within her body, name the kind of pain she was experiencing, and then articulate this accurately to others. This helped her to move away from the negative connotation of pain and the associated depression and anger, and instead into a place of acceptance. *"For me, having fibro and having excruciating chronic pain for the past six years, probably a year before I took this program, I started doing body scans and trying to dis-associate from the negative connotation of pain. And how I did that was by identifying it, naming it... So, if I was to explain [my pain] to you, how would I say it? Well, it feels like burning oil is what's running through my veins. And that, for whatever reason, just helped me get out of the depression and anger and move into acceptance in a whole new way" [P22, I2].*

"I am now more willing to "be" with my pain rather than resist it and spend that energy in a more productive way" [Q802]

"I have become more comfortable at recognizing that what happens in my body is just a physiological experience and I can see the story around it as a story" [Q260]

"I am able to handle pain better, by just feeling it, accepting it, and breathing through it" [Q116]

Numerous participants described pain alleviation in many areas of their bodies from head to toe, including but not limited to descriptions of improved pain in the back, neck, legs, feet, head, stomach, improved balance and posture, and improved relationships with long-term illness, disability, arthritis, and chronic pain. While participants recognized that they still have pain, they noticed that their relationship with it has completely changed. *"I used to think that pain was UGLY; now through guidance, it's a part of my daily living. I'll just have a glass of wine and relax with it" [Q653].*

Improved Sleep

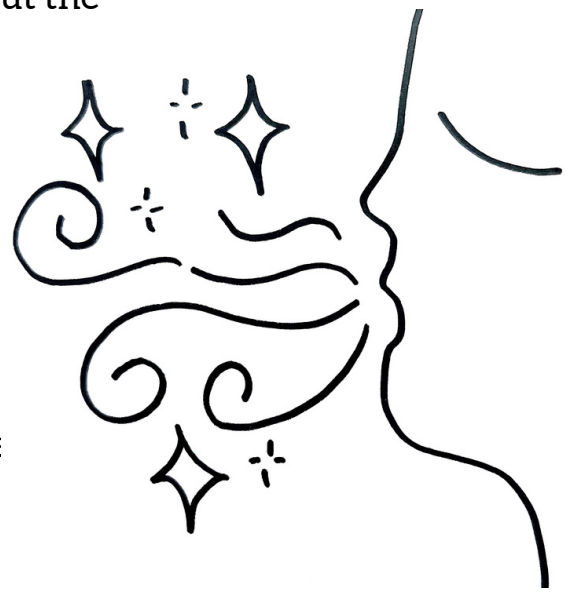
Many participants stated that the ability to fall asleep at night and to stay asleep was improved. If sleep difficulties arose, participants indicated that they used some of the mindful exercises learned in the MCL-BMAT program to help them drift off. *"I recently had bad news about my son… And normally I would be up all night worrying about what he's going to do with his future and being angry. And I was actually able to mostly sleep through the night because I'm able to follow the steps that we learned" [P5, C2].*

Participants reported that their quality of sleep throughout the night also improved, and upon waking, they felt more peaceful. *"This programme has helped me on numerous occasions with things; several panic attacks and several sleepless nights where I have used the mindfulness practice to help alter the attack and help me to fall back asleep if I am woken up" [Q165].*

Intentional breathwork was highlighted as particularly important for sleep improvements. *"At nighttime when I can't sleep, I try to do a few long, slow breaths" [P21, I1].* Additionally, improved sleep could be a pleasant by-product of changes in participants' psychological functioning as a whole. As one participant explained, *"I've been able to sleep at night because I've been able to turn off the ruminating and the craziness that goes on in my head. In turn, that's been helpful at work, and really all aspects of life" [P5, C2].*

Improved Breathing

Participants reported a new understanding of the breath and its physiological impacts throughout the body, as well as increased intentionality with breathing. As one participant succinctly wrote, *"I breathe better because I understand how to breathe now... Crazy but true" [Q789].* Participants reported now knowing how to breathe and bringing awareness to their breath, versus mindlessly breathing or breathing short, shallow breaths that keep the body in a heightened state of stress. *"Breathing: I think this is the biggest thing I took away. Remembering to breathe (deeply) and focusing on it when stress arises or when my mind is too busy. Also breathing through the heart and problem areas is very helpful. Breathing has helped me slow my mind and given me a tool to help cope when stress arrives" [Q510].*



This improved concentration and focus on breathwork led some participants to report an improved regulation of their nervous systems and their focused attention. *"I was able to teach my body to shift down into the relaxation response and get unstuck from the chronic stress response. I became acutely aware of the frequency that my body exhibits stress symptoms throughout the day and gradually learned how to use those cues as an opportunity to breathe, relax muscles, calm mind, and focus" [Q361].*

Working with the breath was a newly acquired coping tool for stress reduction, coping with pain, anxiety management, sleep, and increased self-awareness. *"The wonderful thing about mindfulness is there are practices that are helpful right now, instantly. Let's just take three deep breaths – that can help us immediately" [P20, M3].* Improved breathing appears to be at the core of participant's new reported understanding of the mind-body connection.

Eating habits

Participants described improved eating habits, with an increased consideration of mindfully and slowly eating, a better understanding of where one's food is coming from, and a desire to eat better whole foods to nourish the body. There was a sense that participants were inspired to consider their food intake as another important facet of cultivating healthy living.*"I am eating mindfully at every meal. I do not eat on the run or standing any more - I set aside time to eat. I have started actually taking my lunch break at work to eat and then get out of the office for some fresh air every day" [Q545].*

Much like with improved breathing, participants stated that they are bringing more intentionality to the act of eating; as one participant described, *"I eat and concentrate on what I'm putting in my mouth" [Q257].* Some participants also began noticing potential triggers for eating mindlessly and what their relationship to food is like. *"When you think about obesity or how we think about food, what's our relationship to food? And thinking about that... Is it a result of things that have occurred in our life?" [P3, C1].*

Overall, participants told us that their attention to and awareness of the act of eating has increased, and they are slowing down. *"I'm a stress eater, so I'm trying to get used to paying attention to each mouthful while you're putting it in instead of inhaling the food. It was a big thing for me, and I still have a long way to go with that, but I'm definitely better than I was" [P6, C2].*

The Mind

Participants of the MCL-BMAT program reported far-reaching and meaningful changes to their mental health, the processing and perception of their environments, and thought patterns. The themes that emerged related to participant's minds and psychological functioning included an increased internal locus of control, improved anxiety management, a more skilled relationship to grief and loss, a more optimistic attitude and hopefulness, improved self-awareness, and new tools for coping with challenging moments.

Internal locus of control

One of the most commonly reported MCL-BMAT benefits with regards to how participants processed their worlds was an increased internal locus of control. An internal locus of control refers to the belief that one is responsible for their experiences; that life events are the result of their own behavior (Aviad-Wilchek, 2019). Rather than attributing life events to external factors, individuals high in internal locus of control report feeling more agency over what they experience.

"What I have gained most of all with it is the knowledge that I alone possess the skill to change my own fate in life. That if I truly want a much more fulfilling and positive life (and I do), that I have the tools to do it." [Q168]

"I feel a sense of relief that things can just be, and I am in control of how I want to deal with them, good, bad or otherwise!" [Q788]

"I am better able to control the impact of my thoughts on my life. Perspective has become a word I use. Are my thoughts reality? Can I change my reactions to what I am feeling?" [Q409]

Having a strong internal locus of control has been associated with optimism and healthier behaviour, as well as decreased stress, anxiety, anger, and depression (Aviad-Wilchek, 2019). Specifically, with one's health and well-being, a shift to an internal locus of control may result in increased self-management and less reliance on others, including less reliance on the conventional healthcare system. *"[MCL-BMAT] certainly made me feel stronger and that I don't have to be dependent on anyone. I've got the inner strength to deal with what I have to" [P6, C2].*

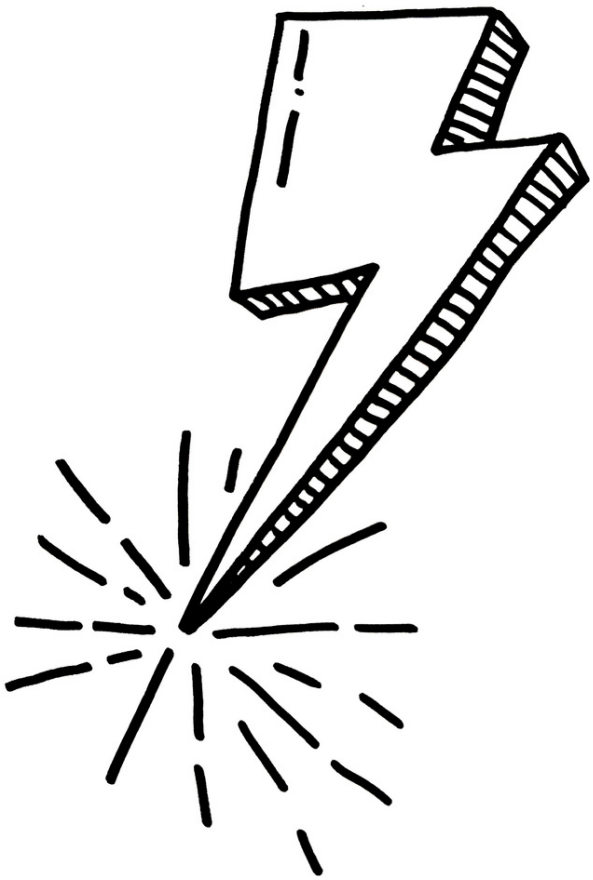
Participants reported that this repeatedly showed up for them as a new intentionality with their life; not just functioning on autopilot, but instead being an active agent in what occurs. Understanding that, *"ultimately, the only thing we have control over is how we respond to something" [P3, C1].* Oftentimes this was described as the participant's ability to put space between a situation and their reaction to it. It is within this space that the newfound control appeared, and the individuals took greater care and intention with how they responded to their external world. *"Mindfulness and meditation have really helped me take a step back when I am stressed and learn that I am in control of my own life, instead of letting my emotions take over and negatively affect my days" [Q14]*

Anxiety Management

Many participants reported that the program helped them manage symptoms of anxiety, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), panic attacks, and more. One individual wrote: *"I believe that I am calmer now; I feel calmer. When I am having or starting to have a panic attack, focusing on breathing, and staying loose (versus tensing up) helps dramatically" [Q656].*

Participants described spending less time following negative thought patterns, which may speak directly to the cognitive-behavioral therapy (CBT) component of the MCL-BMAT program, which builds on the space between an event and their reaction to it. *"Participants described spending less time following negative thought patterns, which may speak directly to the cognitive-behavioral therapy (CBT) component of the MCL-BMAT program, which builds on the space between an event and their reaction to it. "[Q635].* Participants stated that instead of pursuing these negative beliefs and ruminating over them, they have a new awareness that allows them to re-calibrate their thinking. *"I have always ruminated a lot, over a lot of negative things. I am able to stop these thoughts much more easily and much faster than ever before" [Q770].*

Additionally, many participants indicated that the ability to monitor and modify the stress response within their bodies allowed them to reduce feelings of anxiety, overwhelm, and dysregulation. *"The best part of this program for me was learning to recognize stress/anxiety in my body, in my life. Not only do I have the ability now to recognize this, but I have strategies to help me deal with the stress/anxiety, to prevent it from taking over me" [Q571].* Participants told us that they were now able to listen to the cues of their body and recognize when they are no longer feeling regulated, allowing them to then utilize some of the breathing and mindful tools gained throughout the program to regulate again. *"I have gained tools to help me with my PTSD, so that I can hope to not allow it to live my life for me. I can now look at the sensations of PTSD in my body when in the grip of an episode and I am learning to just 'let it be' and not get caught in the freeze mode of stress" [Q805].*



Grief and loss

Participants described the impact this program has had on their ability to move through grief and loss. One participant spoke candidly about the passing of her husband, and how the tools learned from the program helped her with acceptance of her loss. *"For me, [the program] helped me accept. You have to go through stages of grief and things, but when I really realized at the end that my husband was ready to pass, I was able to accept that and try to do as much as he wanted with his wishes. I really think a lot of it was going back and not trying to control everything, and just living for the day" [P8, C2].* Another focus group participant who also lost her husband described moving through the grieving process and finding, *"that the program brought me into a place of calm, a place of acceptance, and a place of being victor, not victim. The mindset was instead of being a victim of circumstance, I was the victor of this" [P3, C1].*

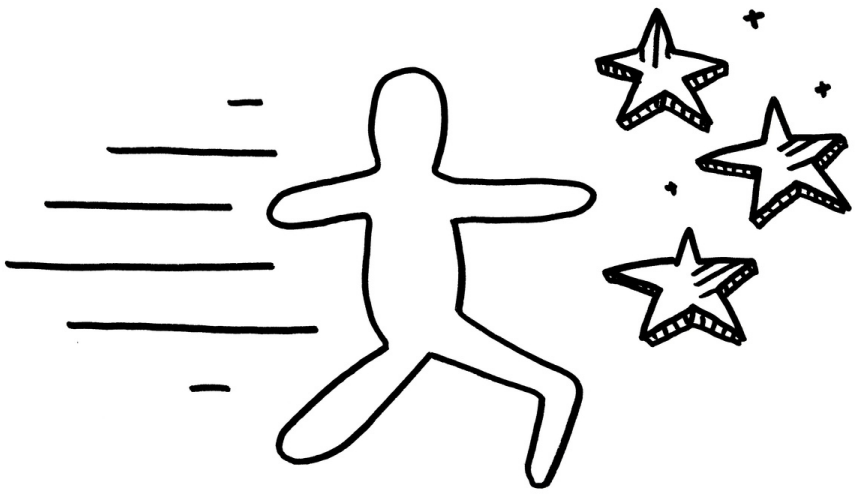
Alongside the increased ability to accept and make peace with the circumstances, there was a palpable feeling of newfound inner strength expressed by participants experiencing grief and loss, and a deep knowing that they were strong enough to get through it. For example, one participant wrote, *"I decided to participate in the programme after the sudden death of my husband. From my time at this centre, I gained valuable coping skills to help me move into my new life with ease… I feel like whatever happens, I can handle it" [Q578].* Another participant poignantly stated, *"Grief is a unique experience, but [this program was] able to guide me to a place where I was able to deal with its effects on my life in a more constructive and effective manner. I still have a long road ahead. However, I am better prepared to walk that road thanks to this program" [Q667].*

Attitude and hope

Almost all participants reported an increase in optimism, hope, positive attitude towards life, and a decrease in reactivity and pessimism toward their environments. *"Prior to being introduced to Dr. Cook, I was almost always in a state of reactivity and judgment. I was very rarely at ease in regard to my mental health, relationships, goals, routines, and career. My relationships have flourished, I very rarely get angry at others, my stress levels have decreased drastically, and I have found I've been enjoying a much happier life" [Q10].*

Participants felt that one key component in this attitude shift was in hope and hopefulness. It is as though the information and tools garnered from the program allowed participants to see through the fog of a difficult present moment and understand that they have the power over their future, a realization that led to an experientially significant increase in hope. This was particularly salient for participants living with physical and/or mental illness. There was a reported knowledge that life can be different for those who were struggling. *"Before I began, I had at times a feeling of hopelessness given my new reality. What I have learned in the past several months has given me a renewed sense of hope. Even though my discomfort is still present, by using the mindfulness practices I have learned I find I have less discomfort" [Q108].*

Importantly, this hopefulness existed in tandem with difficulties like mental and physical illness. It is not that the participant was no longer ill or in pain, but instead that they were experiencing hopefulness in spite of their condition. *"I have found that although my life circumstances have not changed noticeably over the course of the program, I am sometimes able to be with them more comfortably, and to feel less weighed down or overwhelmed by difficulties" [Q334].*



Many participants described a new positive outlook for the future. As one participant described, *"instead of looking through a rear-view mirror of a car, you're looking through the windshield; everything just opens up" [P13, C3].* Many participants also described being more appreciative of the "little things" in life that they may have otherwise previously overlooked. The formulation of a gratitude practice was reported to be particularly helpful in this endeavour. *"It's given me the safety to be curious about everything with hope; before, my questions were always as a skeptic" [P1, C1].*

Quotes about attitude and hope:

"I feel, with continued practice, there is hope for my life. That I can live, maybe for the first time." [Q805].

"[Dr. Cook] telling me that I wasn't a broken person gave me so much fucking hope for the rest of my life. And not just 'how can I survive while being dead inside,' but maybe 'how can I get that little spark back?'" [P21, I1].

"I started the program with the thought that my life would always be the same; anxious most of the time, self-critical, often unhappy, sad. I now see a light at the end of that tunnel. I am more optimistic that my life can and will change. I am not too old to change. I now have a choice." [Q778].

"I have so much peace in myself now and hopefulness-I haven't experienced such hopefulness since I was in my late teens/early twenties." [Q151].

"While I am not sure if my anxiety has lessened overall yet, I feel that I now have the belief that things can be better, which I had lost sight of. I feel I now have some techniques to hold onto." [Q272].

Self-awareness

Improved self-awareness may arguably be the most wide-spread reported benefit of the MCL-BMAT program. Specifically, this self-awareness involved participants being more present in the moment, slowing down physically and mentally, and being attuned to their surroundings and behaviour. *"I know now that this is only the beginning of a long journey of self-awareness and that there is so much more that I do not know about myself. It will be a challenge to look inside myself every day, and to slow down to see myself in a different light. I am sure also that there are many things that I am still unaware of within myself" [Q659].*

This self-awareness had wide-reaching impacts on all areas of participant's lives, including contributing to many of the positive benefits identified in this report. One participant described how they are now able to slow down, be present, and bring awareness to their day at a given moment. This awareness of their own behavior provided hope for change. *"The program has made me aware that I have lived live very mechanically - just going through the motions of everyday routine. I now find myself consciously catching myself when I drift off. I have become more observant" [Q545].*

One recurring topic of discussion throughout the MCL-BMAT program was distinguishing between a "doing mind" from a "being mind." *The doing mind refers to one's egoic sense of self with ongoing inner story and dialogue about past, present, and future; interpreting, judging, and wanting. It can be chaotic and overwhelming, and we often spend most of our time here. The being mind, on the other hand, refers to a state of awareness characterized by immediate experience of the present without judgment or wanting. Cultivating this distinction contributed to greater self-awareness. "I think I am more aware of my 'doing mind' and better able to step back and understand how I am thinking. I am more conscious, calmer, and better able to deal with the difficult situations I find myself in, particularly on a personal level" [Q664].*

"Prior to this programme. I think the biggest thing for me was a lack of awareness. I wasn't aware that I was constantly worrying and thinking about the future (or the past). This training has helped me to focus on the here and now. To appreciate each moment and to be okay with the unpredictability of the future." [Q342]

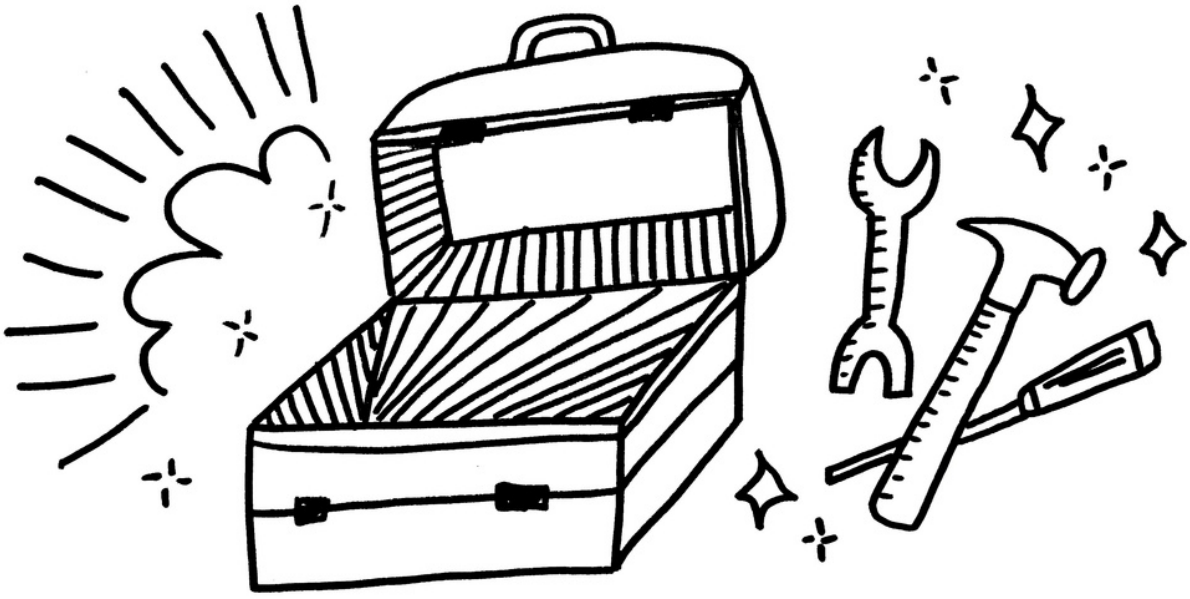
"The program has opened a new way of thinking for me that is enormously beneficial. I have learned to select how or when to deal with my thoughts. It has taught me the concept of discernment and introduced me to a new way of using my mind that cultivates well-being. I am now more focused, aware of how what I entertain in my thoughts can be both damaging/hurtful or healing/nurturing." [Q526]

"I have learned a lot about myself throughout the 8 weeks with the program, on how I react to situations, on how to calm myself down, and just be present in the moment - trying not to figure everything out or pre-determine what is going to happen." [Q634]

Coping tools

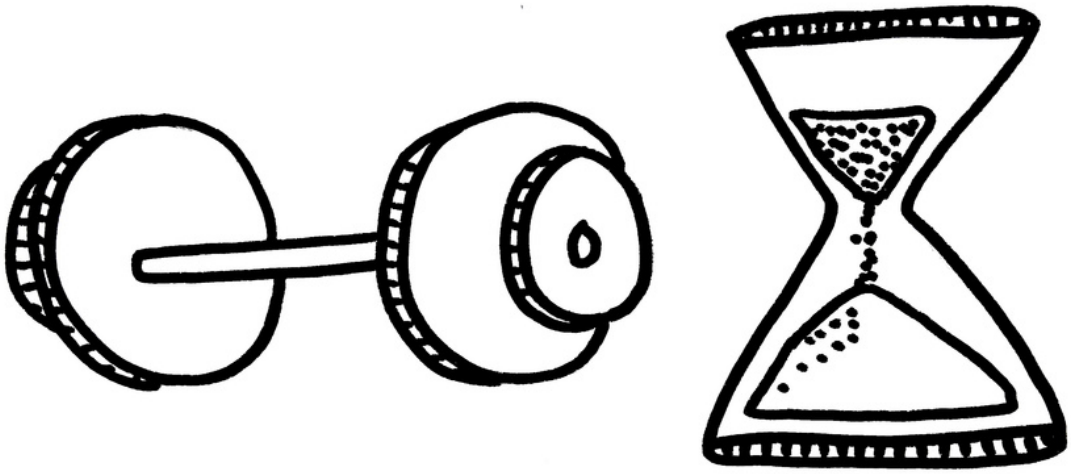
There was a repeated discussion amongst participants of new "tools in the toolbox" and a sense that they now have a variety of meaningful ways to cope with setbacks and everyday life. *"I like the thought that I have a tool to go to, and it's not just one tool, it's a whole bunch of things" [P6, C2].* Participants described now having a solid knowledge base of the brain and body, how the two are intimately connected, and a repertoire of exercises to use as needed. *"It's not the programme's job to "give" me anything. It is my job to use the tools that are made aware to me by the programme. And I feel that my toolbox is now quite full" [Q650].*

Most participants needed the extensive scientific background information provided on the brain and body in order to "buy into" the program. The empirical evidence on mindfulness and the mind-body connection was reported as important material for participants. *"I really appreciated the scientific background/information on mindfulness. I think this is a key component in understanding the importance of this practice. It reinforced the "why" of my practice" [Q167].*



The education/orientation session was stated as particularly helpful for achieving this. Of note was information on the body's psychophysiology, approach and avoidance systems, and the training effect principle (Dr. Cook's term to refer to neuroplasticity, reinforcement, and experience-dependent and reward-based learning). Participants indicated some initial distrust around the system and this information and education helped them to see the credibility and promise of the program's content. *"I enjoyed the science of how stress or mindfulness actually affects your mind and body. Learning that our minds have a mouldable "plasticity" for training is encouraging" [Q802].*

The awareness and ongoing mention of the training effect principle was repeatedly highlighted as beneficial for participants in finding the motivation and desire to continue practicing and building their toolbox of mindful strategies. *"Mindfulness doesn't have to be sitting and meditating. Mindfulness can be a tool you use throughout the day in any activity, and the more you practice it, the easier it gets, and the more you do it" [P22, I2].*



Relationships

Another significant benefit of the MCL-BMAT program that our research discerned was a transformation in participants' relationships. The themes of strengthened relationships were most notable in the participant's relationships with themselves, with others, with the workplace, and with the conventional healthcare system.

The self

Increased self-compassion and being more accepting of oneself was a reported outcome for the vast majority of participants. *"I have learned to love myself, something I didn't know how to do. I always was a people pleaser putting myself second to pretty much everything and everyone. I am discovering my self-worth" [Q139].* This may have come as a by-product of increased awareness of automatic thoughts and less reactivity, and because of the introduction of self-compassion practice during the program (e.g., with a loving-kindness meditation). Participant questionnaires made repeated references to useful self-compassion analogies, like putting on your own oxygen mask before anyone else's, and treating yourself with the patience you would if you were training a puppy. *"At the times when I start to be mean to myself again, it reminds me of this old bully from the playground that I'm not. I'm not in that playground anymore" [P1, C1].*

Participants reported judging themselves less and being more forgiving and grateful for oneself exactly as they are, flaws and all. Personality traits, disabilities, and/or physical appearances previously viewed as negative were now reframed and were more widely accepted by participants. *"I have been habitually hard on myself, ever since I can remember. Labelling myself, re-living a story of never being good enough. This program has helped me see that my thoughts are just that – thoughts - they no longer define me or tell a story of me. I no longer feel "stuck." I now exhibit compassion to myself and allow myself to "just be." I do not need to be fixed; I was never broken" [Q88].*

Participants also reported that the program gave them permission to take time for themselves and nurture their own desires. *"[I am] more patient and kind with myself. Being in nature, doing more fun things that bring me joy. The course was helpful in beginning this process of undoing many learnt ways of suppressing my needs and making myself a priority" [Q890].*

Many individuals realized that they spent far more time concerned with the needs of family, friends, and the workplace than their own individual needs and wishes. There was a described intentionality now in nurturing the self through self-care activities, mindful moments, and the reframing of negative thoughts about oneself. *"I am kinder to myself. I have started doing things that make me happy and treating myself to little things; for e.g., buying a new book, buying myself flowers, spending time at the library, which is my favourite pastime and which I have not done in many months" [Q545].*

"What has been a significant change for me is how kind-hearted I have become with myself. Prior to this, I beat myself up mentally a lot. Being in the moment has truly changed my outlook on lots of things to where I truly enjoy more of what is around me... The more significant for me is learning to be in the moment with kindheartedness. Really learning to love me." [Q538]

"It has allowed me to learn to forgive myself for not living up to the unattainable expectations put on myself." [Q241]

"This experience has been life changing for both me and my family (I love myself more and they notice!). My children have a mummy who loves herself more and is generally more attuned to our life. [Q644]

One married couple who came to a focus group together described how participation in the MCL-BMAT program improved their romantic relationship with each other. They reported feeling like they were both now working together as a team and had a newfound respect for each other that they're both, "*open to changing, learning, getting the help we need, and helping ourselves" [P15, M1]. "We have our own journeys, but we can share important pieces of that journey and realize that some of these things are a priority. They're important for both of us individually and together" [P14, M1].*

"I gained a greater awareness of how I respond to stress in my life. At times I was quite reactive. This higher awareness/recognition has been so helpful in developing new strategies/methods to deal with stress in a healthier way. It has had a positive impact on a couple of relationships that were strained." [Q357]

"I do notice more subtle changes in the way I live my life… paying closer attention to how I work with people… really paying attention, watching, and listening. I notice a difference in people's reactions to this. Also, I am more able to go one day at a time in caring for my own parents who are experiencing difficulties with aging. It is easy to become overwhelmed with what the future brings. I am more aware about being judgmental towards certain people and accepting them for who they are" [Q661]

Others

Participants described noticing positive changes in their relationships with friends and family, as well as a "ripple effect" of the training impact outwards to others in their lives. Many participants said that others have noticed and commented on positive changes in their behavior. These changes strengthened important relationships. *"Everything has changed, from my own internal health (mental and physical) to my relationships with my husband, child, family, and community. It may sound like an exaggeration but it's not. I am present with them now, and my interactions are deeper" [Q151].*

Participants also described a newfound understanding that you cannot change others, you can only change how you respond to others; this led participants to remark that they noticed improvements in relationships across the board. There was a sense of increased empathy for others, decreased reactivity, and decreased "mind reading" about what others were thinking and feeling. *"As a nurse and a mother, it's not my job to fix what's happening, it's to be with people while it's happening… It's not my job to take away the pain or to fix what's wrong. Sometimes it's just to help people live through their emotions or what they're experiencing. Especially with my kids; it's not my job to get them to stop crying, it's my job to support them in shifting their own states and feeling what they're feeling. Once you don't have to fix it, it's much easier to just be with it" [P25, I4].*

Additionally, there was a noticeable ripple effect of the training from participants out towards others. *"There's been significant changes in my relationships with others. There's a sense of calm in our house now. I can see how much my kids used to feed off of my anxiety. My husband is noticeably happier, and our interactions are characterized by kindness, rather than anger and resentment" [Q359].* Some participants described passing along mindful exercises and wisdom to others in their lives. *"It's been quite helpful with my daughter because I think when I took the program, she was eight. And so, at that time, when things went wrong, it's being able to use some of the same lessons and phrases from Dr. Cook's lessons with someone in elementary school" [P16, M2].*

The workplace

Participants noted changed relationships to the workplace and their overall conceptualization of work. The negative and unrealistic impacts of common workplace habits like multitasking and rushing was referenced by many participants, who reported now preferring monotasking and slow, intentional, focused work. *"I do find I'm more intentional. If I have a task at hand, I was quite guilty of multitasking. But I know I want to get this done, and it actually just makes me feel better to really focus on one thing and try to get it done" [P6, C2].*

Intense workload demands, toxic work environments, and the associated stress and anxiety were no longer viewed as "part of the job," but instead as things the participants reported having some agency and awareness of. Another shift in participant's observed relationship to work was a recognition that work and career may not be as important to life satisfaction as previously thought, and that working oneself to the detriment of mental and physical health can have negative implications for the self, relationships with others, and quality of life. *"A significant learning for me was that I am not responsible for the inhumane, unrealistic demands placed on us at work by our system. It's not worth my health to continue to work and multitask like a mad woman to try and keep up. I have chosen to work calmly, mindfully, in the moment, and let the rest that didn't get done go. I will do the best I can with what resources I have and be happy" [Q361].*

Some participants stated that they began to think more critically about socio-economic systems they currently try to keep up with. It was as though the program had opened up other ways of being and existing that didn't neatly fit into the conventional capitalist mold. *"I went to this farm, and I took Dr. Cook's program at the same time, and I feel like it kind of helped me completely rotate my worldview away from more capitalist daily grind; let's go to work, let's be productive… Maybe you don't even have to work… What are we doing in our society and our lives, like this grind and go, go, go, and 60-hour workweeks, and rushing around" [P2, C1].*

"The most significant change for me is that I now have the ability to recognize negative thoughts as thoughts and not show these any interest and focus on the moment at hand. This has been extremely helpful in a dysfunctional work environment." [Q149]

"I used to be kind of paranoid, always thinking I've done something wrong [at work] when I didn't, or just imagining silliness." [P5, C2]

"Everybody touts multitasking. But realistically, your body can only do one task at a time because you're juggling five things and going from this one to that one" [P7, C2]

The healthcare system

Participants reported a changed relationship with conventional healthcare, in line with one patient's comment to Dr. Cook that "there is more to Medicine than medicine." There was no doubt from the questionnaires and focus groups that this program was a worthwhile approach to healthcare. Participants indicated that they were empowered to cultivate both preventative and salutogenic orientations towards health, wherein they became more interested in exploring the root causes of disease and illness, while also proactively strengthening resources for health. Importantly, it was reported that some participants left MCL-BMAT with a decreased reliance on prescription medication and a decreased use of health care professionals.

Participants described a new interest in the prevention of illness and in understanding the root causes of disease. One participant stated that, *"because of my [accident and] limitations, all of a sudden, I was labeled with an anxiety disorder. They put me on medications and to me, this was unreal, so this is why I wanted to go down the route of self-help. If I could address the root cause, which is how to deal or cope with these situations, then that's more beneficial" [P7, C2].* Participants also referred to the current medical model and the regular prescription of medications as "Band-Aids," rather than preventative or targeted to the root cause. For example, one participant wrote, *"the programme is one that provides more benefits towards my health than medication or follow up procedures and surgeries. Learning to be aware and know how my body responds to different stresses and thoughts has been a benefit for me. I am now able to stop and get some relief from anxiety and pain. I feel I have gained insight into how my body can heal itself and hopefully decrease the medical attention I need to maintain or Band-Aid a problem; instead, find a fix that ends or solves the problem" [Q575].*

Similarly, participants reported beginning to cultivate salutogenic philosophies of healthcare, wherein they sought to support their existing health and well-being, making their health and well-being a priority, rather than relying solely on disease prevention and/or treatment, or even neglecting themselves. The current medical model, as one participant observed, *"is a system based on reactivity instead of proactivity, and something like [MCL-BMAT] is prevention; health care doesn't do preventative medicine, they will tell you that is not our model. To me, that's one of the biggest problems, is that they need to start teaching people what we need to keep ourselves healthy instead of reacting when we get into these crisis situations" [P1, C1].*

Strikingly, many participants also left MCL-BMAT reporting a decreased interest in utilizing conventional healthcare services, such as taking prescription medications or visiting healthcare professionals like doctors and psychologists. One participant wrote, *"I was prescribed anti-depressants just before the program started and I have not filled the prescription. I feel the skills I have learned here I will carry with me for the rest of my life" [Q649].*

This reported increased reliance on one's own resources and decreased use of conventional healthcare has also likely contributed to the shift in many participants to an internal locus of control; a feeling that they have gained agency over their health and well-being. *"I'm still going to investigate pharmaceutical options, but I don't have to feel beholden to them. It's a level of freedom. A way of feeling like you get your life back. I don't have to rely on my doctor. I have autonomy. I have agency in my health" [P22, I2].* This research indicated that participants in the MCL-BMAT program felt empowered to address certain concerns and forms of suffering without immediately turning to conventional health care. It would appear there are health resource savings as a result. Whether this is the case, and to what degree time, resources, and money is saved through MCL-BMAT training is worth exploring further.

"If you can authorize this wonderful program and people can maybe get off medications in less visits to the doctor and to the psychologist because they're handling things better – how is that not a win-win?" [P5, C2]

"It has helped me to control the severity of my anxiety attacks with less intervention with medications." [Q241]

"This type of program is the best treatment I have received for my mental illness, and I feel it will go much farther toward my mental well-being than any other treatment and pharmaceuticals. I want to take charge of my mental health and this program has helped me do that. Medicare has to understand that this aspect of treatment is critical to the well-being of our community." [Q569]

"I am truly grateful and appreciative of having this opportunity to learn about what I can do to manage my condition. Our medical treatment model as we know it today is truly lacking in the tools for self-management and often very little in the way of increasing one's quality of life." [Q333]

"I believe courses like this are imperative to the health care system. I think that more of these should be available to anyone in need and open to it. Too often people are given pills to "fix" themselves when the pill method is a Band-Aid or worse. Mindfulness and the info in this course is a necessity in our system for the benefit of natural health and wellness." [Q288]

Challenges of MCL-BMAT

Participation in the MCL-BMAT program was not without some difficulty. Importantly, no specific ill-effects or harm was reported by participants. Instead, three areas were indicated as being challenges to understanding and integrating MCL-BMAT; sustaining maintenance of practice outside of the classroom, frustration with the time required before "getting" the material, and difficulty integrating the outcomes of MCL-BMAT into the workplace.

Maintenance of practice

Participants reported that perhaps the biggest challenge of the MCL-BMAT program was the maintenance of regular and consistent practice of the material outside of the 8-week class time. *"I've struggled with finding the time to practice at home each day. I believe that I would continue to see a world of improvement if I could find time to commit each and every day. I struggle with anxiety and am afraid that I haven't practiced enough to manage it on my own" [Q772].* The MCL-BMAT facilitators acknowledged often throughout the program that skilled use of the MCL-BMAT tools may take time and dedication to cultivate. *"It's a whole way of life condensed into these pages, lots to learn; easy to understand but more challenging to practice" [Q536].*

Participants acknowledged that the more they practiced, the stronger their mindful awareness became. *"When you're doing meditation, each day you don't see the benefits of it. You have to practice; you've got to keep going" [P4, C2].*Finding the time to practice was repeatedly identified as a challenge for some. *"I find it hard to make mindfulness a priority for myself. I have two young children and my wife, and we don't have a whole lot of support. I find it very selfish taking the time to go hide in the basement to do this" [P7, C2].*

The bi-monthly virtual maintenance class (SCMP), hosted by Dr. Cook, was reported to be "integral" [P15, M1] for many participants to hold themselves accountable to ongoing practice and to receive additional information, go deeper into content, and expand their self-exploration and self-regulation once their 8-week course had ended. *"I have been concerned that without these weekly classes, I might 'fall off the wagon.' I don't want to, ever. The maintenance programme sounds like something I may need" [Q345].*

Initial frustration

Some participants described an initial period of struggling with the material and not "getting it" straight away. *"The pace of introducing the knowledge and practice of mindfulness was good, though there was a time when I felt the amount of time actually practicing wasn't enough. I was getting frustrated in feeling that I was 'not getting' it (the meditation practice)" [Q476].* This uncertainty about whether they were grasping the material effectively or not led some participants to report experiencing some performance anxiety. One participant wrote, *"until ¾ of the way through the program, I felt anxiety at each session; trying to be open to learning a new approach to being but doing and feeling like I wasn't 'getting it'" [Q597].*

One reported initial barrier to the program was resistance or fear of diving deeply into this way of being. *"I must admit I found some of the weeks frustrating, and I have come to understand this frustration is from uncovering layers. I want to change, but I'm scared to put in the work to change" [Q75].* A lot of the work in the MCL-BMAT program requires participants to look inwards at their life and behaviour, which can be an emotionally daunting task. *"Mindfulness is a tough sell - you have to welcome stuff that you try to avoid all your life, and all of a sudden you're welcoming it into your world" [P7, C2].* Initial participant resistance to change is normal and can be seen broadly across all therapeutic modalities and interventions; the MCL-BMAT program presents a golden opportunity for participants to eventually become familiar with their resistance and their habitual way of seeing things.

Once participants were able to push past this resistance, the vast majority reported that they eventually experienced an "aha!" moment wherein the content "clicked" for them. *"About mid-way, I started to panic. I felt I was not getting it, and one week, I did not want to come. That was actually the week I got it! It was ok to have questions" [Q409].* Many participants reported wanting to re-take the full 8-week MCL-BMAT program now that they felt things had aligned for them. *"I feel I could go through it again and do the homework this time now that I 'get it'" [Q672].* Why some participants clicked with the material immediately and others experienced resistance or needed more time remains uncertain and could be an interesting question for future research to explore.

Mindfulness in the workplace

Participants expressed difficulty with integrating mindful practice into their workplaces due to lack of time, lack of space, and fear of judgment or misunderstanding from colleagues and management. *"Sometimes you feel uncomfortable by taking 20 minutes in your office, being close-eyed and listening to a meditation, because you're scared somebody is going to walk in the door and think you're in la-la-land… How will I be perceived when somebody walks into my office? You'll definitely get interrupted" [P7, C2].* Workplace perception was cited a few times as a barrier to practicing while at work, with participants reporting anxiety that, *"people are going to think I'm not doing my job right now; I didn't want to get caught" [P6, C2].*

Focus group participants who worked in childcare and healthcare expressed that there was quite literally no time during the workday to dedicate to some of the exercises they learned. *"I'm in the healthcare world. We don't have time. We're held legally responsible for, you know, if nobody's there to look after my patient, I can't leave for my lunch break"[P7, C2].* One participant who worked in a dentist's office described the lack of physical space for any kind of practice. *"Not that I think my bosses would have been against it, there's just no space. You have your little chair there, you see your patient, and we have a little lunchroom that's a quarter the size of this one" [P5, C2*]. Many workspaces simply did not facilitate the time, space, or workplace culture needed to integrate mindfulness into the workday, which could be a stressful time when many participants need mindfulness the most.

Relatedly, participants suggested that future MCL-BMAT iterations work directly with employers in training staff and management to bring mindfulness into the workplace. *"I see value for the NB healthcare system in this program being available within the workplace setting, to assist employees in preventing and managing stress, anxiety, chronic pain, and sleep related issues" [Q632].* Another participant wrote, *"if workplaces would introduce a programme into their workplace, productivity would increase, morale would improve, people would be less stressful, and sick time would decrease" [Q575].*

A note on informal vs formal practice

Throughout the MCL-BMAT program, the distinction is made by facilitators between formal meditation practice that requires setting aside time (such as sitting meditation, body scans, etc.), and informal mindfulness practice that invites attention to the present moment task, like mindfully washing the dishes, mindful driving, belly breathing, and so on. Interestingly, participant discussions of the challenges of MCL-BMAT did not acknowledge this distinction; instead, participants responded only in the context of formal practice and exercise. In this context of formal practice, the above reported challenges make good sense, but to what degree informal practice was able to be maintained or incorporated into daily life remains to be seen and may result in different findings. Future research into the difference between these two sorts of practices could expand the present findings. Additionally, our understanding of the challenges of MCL-BMAT could be well served by future exploration into the degree that myths around mindfulness shape participant's perception of the program and of their practice; for example, do participants only view "practice" as formal meditation exercise?

The Key Ingredients-What works?

It is important to understand what it is about the MCL-BMAT program that was so meaningful for participants and led to so many positive outcomes. The "key ingredients" to the success of MCL-BMAT can help us to better understand the specifics of what worked and create a model for future programs and MCL-BMAT teachers to strive for. Identified as most important to the success of the program were the facilitators themselves, a dedicated space conducive to the learning experience (e.g., the Iris Center itself), the group atmosphere, the program's accessibility, and the cognitive-behavioural therapy component of the course.

The facilitators

Almost every participant we spoke with cited Dr. William Cook and his co-facilitator Wendy Carty as critical agents of change. Particularly important was their attitude, as they did not present as authority figures. Rather, they were walking alongside participants on their journey, helping to co-create *"a very empowering and supportive relationship" [P2, C1].* As another participant stated, *"they are knowledgeable, express themselves and the concepts well, and you really feel supported. Possibly most importantly, they come across as human too. They model how this would be a part of your daily life, as much or as little as you choose" [Q568].* The facilitators' use of language was also helpful in creating an environment of safety, agency, and non-judgment. As one survey respondent wrote: *"I LOVE the instructors use of language. 'I invite you to try…' So non-prescriptive, non-judgmental. I really noticed it and allowed me to open up to your teachings" [Q871].*

Dr. Cook's medical credentials and long resume were helpful for many individuals in achieving the initial "buy in" needed to sign up for the program. His extensive experience, as well as his understanding and presentation of valid scientific research, was what initially led some participants to register for the MCL-BMAT program. *"For me, the science and wealth of experience on which they draw brings an authenticity and foundation on which I can fully and unequivocally commit. The science and expertise is, for me, so important" [Q874].*

Dr. Cook and Wendy were described as embodying the program and material, which allowed participants to witness the outcomes of the training, providing them with the hope that they too can eventually embody the material. *"Dr. Cook embodies the mindful ways that he teaches, and the sessions left me with a sense that I might find these processes myself someday as I keep trying to be mindful in my actions, reactions, and intuitions" [Q884].*

The environment

Many participants identified the program environment itself as an important element that supported the MCL-BMAT program. The program was physically held at Dr. Cook's private office space, a facility called the Iris Center for Mindfulness, Peace, and Healing. In contradistinction to most medical facilities, the Iris Center was quiet, peaceful, decorated in a soothing way, and covered with artwork, yoga mats, and sand trays. One participant said that the *"setting was beautiful and conducive to practice" [Q456].* It was easy to understand why participants felt focused, at ease, and motivated to engage with the program upon entering the building. *"The setting for the program facilitates a sense of calm that one might not be able to easily find in our demanding busy lives" [Q540].*

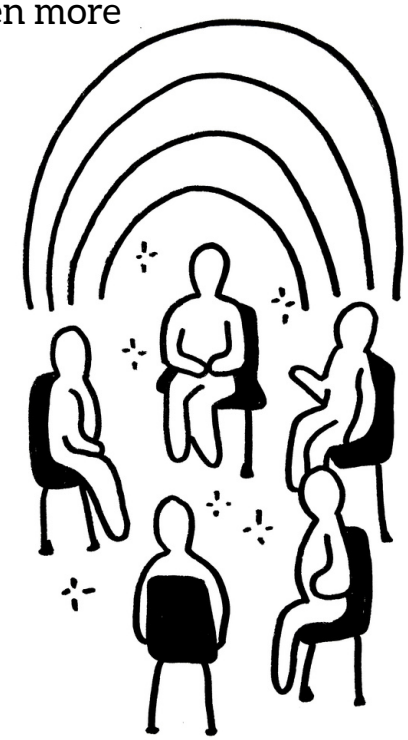
For those enrolled in the MCL-BMAT program during the warmer months, classes often met behind the main building in a beautiful spacious greenhouse on 29 acres of woodland. During meditations, participants could hear wildlife, the wind, and the lake lapping nearby. *"I was so fortunate to be there in the summer, and we were allowed to be in the greenhouse. And so, once a week, you go, and you listen. Listening to the frogs was part of my meditation, and walking in the woods and seeing beavers in the back… You weren't sitting in a doctor's office in an upright chair having counselling, you were sitting on a yoga mat, listening to birds and frogs" [P2, C1].*

Group atmosphere

Participants reported that the group setting supported their progress and well-being. Even when no one in the group was speaking, it was acknowledged often that it's nice to be there together, knowing you're not alone. *"I was having anxiety, so even just driving there was a big deal, just getting there, but it was helpful because so many other people there were dealing with anxiety as well" [P11, C3].*

It was appreciated that there were invitations from facilitators to share personal experience within the group, but that sharing aloud was not a requirement, which was a relief for some participants who were not comfortable sharing but preferred to listen. *"The main importance was seeing how other people work through these situations and hearing their experiences with them as well" [P7, C2].* Hearing the stories of others helped participants to feel less isolated and alone; *"You know that you're not the only one that's suffering" [P15, C4].*

The power of the group environment was so beneficial that many participants suggested that future MCL-BMAT cohorts incorporate even more opportunities for group interaction. *"My only wish was that I had gotten to know the individuals a little better who were taking the class with me. I realize this may be more of a social thing, but it helps me to know others who have similar struggles and can relate" [Q530].* Many participants who attended the in-person focus groups with us researchers stated that even just talking about the MCL-BMAT training again in a group environment was inspiring and therapeutic. Participant's enjoyment of the group environment is a positive finding for facilitators and funders as well, as group programs are more cost-efficient and can service a larger number of individuals sooner than one-on-one care may be able to.



Accessibility

Participants reported that the group setting supported their progress and well-being. Even when no one in the group was speaking, it was acknowledged often that it's nice to be there together, knowing you're not alone. *"I was having anxiety, so even just driving there was a big deal, just getting there, but it was helpful because so many other people there were dealing with anxiety as well" [P11, C3].*

It was appreciated that there were invitations from facilitators to share personal experience within the group, but that sharing aloud was not a requirement, which was a relief for some participants who were not comfortable sharing but preferred to listen. *"The main importance was seeing how other people work through these situations and hearing their experiences with them as well" [P7, C2].* Hearing the stories of others helped participants to feel less isolated and alone; *"You know that you're not the only one that's suffering" [P15, C4].*

The power of the group environment was so beneficial that many participants suggested that future MCL-BMAT cohorts incorporate even more opportunities for group interaction. *"My only wish was that I had gotten to know the individuals a little better who were taking the class with me. I realize this may be more of a social thing, but it helps me to know others who have similar struggles and can relate" [Q530].* Many participants who attended the in-person focus groups with us researchers stated that even just talking about the MCL-BMAT training again in a group environment was inspiring and therapeutic. Participant's enjoyment of the group environment is a positive finding for facilitators and funders as well, as group programs are more cost-efficient and can service a larger number of individuals sooner than one-on-one care may be able to.

Cognitive behavioral therapy (CBT) component

In conjunction with mindfulness content and practice, the MCL-BMAT program wove in lessons based in CBT, facilitated through the Changeways Clinic Core Program (Paterson, Alden, & Koch, 2006). CBT refers to interventions that operate under the premise that mental disorder and distress are maintained by maladaptive cognitions and particular beliefs about the self, the world, and others (Hofmann et al., 2012). At its most broad level, CBT works under the assumption that identifying and changing these maladaptive thoughts can lead to positive changes in subsequent behaviour and mood. Participants described this process well; for example, one participant wrote, *"maybe my suffering really is because I've told myself that everyone hates me, and let's use the CBT and be like, maybe that's not what's happening. I think the introduction of the CBT with mindfulness was really helpful because I think there are some really pathological thought processes that can be really damaging" [P2, C1].* Another participant stated that, *"it is very empowering to realize I have the ability to choose my thoughts, and where my thoughts go, my behaviour follows" [Q649].*

The CBT component of the MCL-BMAT training was reported by participants as useful for cultivating awareness around some of their automatic thoughts and understanding how these thoughts may impact their emotions, their physiological state, and their subsequent behaviour. *"The most significant change for me is that I now have the ability to recognize negative thoughts as thoughts and not show these any interest and focus in the moment at hand" [Q149].* The efficacy of CBT is backed by years of empirical psychological research and is often referred to as the "gold-standard" in therapeutic approaches, so it is not surprising that it was an effective piece of the training (for an extensive review of CBT outcomes, see Hofmann et al., 2012).

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Many of the CBT exercises required participants to complete written worksheets outside of class time, which was also reported as helpful. “It was great to have homework, exercises, and the opportunity to reflect and write down plans or thoughts. It helped me to see them written down. Brings more awareness” [Q892]. The act of writing things down and seeing them reflected appeared to be eye-opening for many participants. *“It is helpful to put things down on paper, visually see them in front of you, rather than them floating around in your head and difficult to grasp on to” [Q587].*

Future Recommendations

Future recommendations for the MCL-BMAT program were identified through the participant questionnaires and focus group interviews. The core suggestions were to facilitate MCL-BMAT cohorts for specific sub-groups, to fine-tune the educational material that participants received, to upgrade the technology needed for running the training virtually, and to implement similar programs with children and youth.

Smaller specific groups

Participants expressed a desire for future MCL-BMAT cohorts to be focused on sub-groups of participants with specific needs or demographics. We received suggestions of sub-groups for women only, trauma survivors, individuals with physical disabilities, and groups for individual mental health needs (ex. anxiety, depression, low self-esteem). There is the possibility of increased empathizing between group members if everyone attends for the same topic. *"There's solidarity in numbers, and I think that [having specific groups] would be super beneficial because I could relate to people and then maybe I could open up more" [P21, I1].*

One participant described how their post-traumatic stress disorder (PTSD) symptoms made it challenging to trust the other participants. They reported feeling like their trauma was more severe than the other participant's issues and that they would be judged if they shared with the group. Another participant described the opposite experience; that they didn't believe their problems were as "important" as everyone else's, describing how, *"everybody did their intro and it seemed that 90% of everybody had real physical pain, and so I had a feeling like I shouldn't be there… I felt like I was in the wrong place, or I was taking somebody's spot that maybe needed it, because I wasn't in excruciating pain or anything" [P5, C2].* The introduction of specific sub-groups may help clients to feel more aligned with their fellow participants and cultivate a greater feeling of safety and community.

More concise educational material

Some participants expressed that the educational material provided, such as information about human physiology, and the workbook binder distributed to each participant, could be briefer and more condensed. When reflecting on the initial education/orientation session, one participant wrote that, *"it was helpful but there was a lot of material covered. In some ways it was information overload. I did not know any of the terms at that time, so it seemed a little foreign to me" [Q703].* There was no doubt a lot of fantastic information provided, but some participants felt it was slightly overwhelming and could be simplified. *"The only thing for me is I am sometimes a slow learner, and I know that was so much information given that I likely missed something. It was a little overwhelming" [Q281].* As with any new learning experience, this initial overwhelm and feeling outside of ones' comfort zone may be expected. The 3-hour education/orientation session sets the stage for the 8 weeks of training and also serves as an implicit screening tool for both the provider and participants to assess whether they felt prepared for the time commitment and learning experience of the full 8-week MCL-BMAT course. Further research and experimentation with different formats may be productive.

There was a sense from some participants that there was a lot of information, but that they appreciated having the physical binder to take home and reference at their own pace. *"It is a lot of information to digest so it can be a bit overwhelming. I appreciate having [the binder] to continue to reference after, but some may like to see the information simplified" [Q549].* Short attention spans were cited by some participants as a possible reason for feeling like there may be too much information. One professional who worked in the school system described how, "*it's the same thing at university; we've had to change our teaching because the attention span is not what it was before. I think it's the same for adults. There's so much going on in our lives right now that we need to get this in this much time" [P14, M1].* Some participants suggested that transitioning some of the material online could be helpful in its navigation. Other participants suggested keeping the content as basic as possible, while providing online links and resources for anyone interested in learning more detail about particular subjects. Future research could explore the utility of implementing these suggestions.

Virtual technology updates

For the cohorts of the MCL-BMAT program who attended during the COVID-19 pandemic, the 8-weeks of class were offered virtually via Zoom. This was an effective way to continue to run classes while following the pandemic guidelines and minimizing risk to participants and staff. Some participants reported that future virtual classes could benefit from upgraded technological systems and equipment to run more effectively. *"If they're going to do that, then get a camera and get a microphone, get the equipment you need, get lighting... Get the appropriate equipment so that you're presenting in a really professional manner" [P22, I2].*

Future virtual classes may also consider more frequent and longer breaks. *"I know that there is a lot of information to cover, but via Zoom delivery means that breaks should be more often - 3 hours with a single break is too long" [Q891].* Some participants even suggested that Zoom cohorts consider taking longer than the usual 8-weeks and shorten the weekly meeting times so that participants are not at the computer for too long. *"I really enjoyed the program. The only thing I did not like was that the sessions were 3 hours on Zoom. After being in front of a computer and/or phone for a whole day at work, settling down for another 3 hours in front of yet another screen at night seemed a lot to me" [Q51].* Long periods of time in front of the screen may also contribute to some participant's physical pain; one participant wrote, *"I found for myself it was difficult to do the sessions over Zoom. Being on the computer screen for extended periods of time increases headaches, dizziness, and neck and shoulder discomfort" [Q12].*

Some participants did prefer to attend the program virtually, as it was so accessible. It allowed them to stay at home comfortably and avoid travel. *"I did really appreciate that I didn't have to go anywhere. It was nice that I could just use my computer. I didn't think about changing my clothes!" [P6, C2].* Offering the program virtually also allowed individuals from other areas of the province to attend. Additionally, the bi-monthly maintenance group (SCMP) has met via Zoom since the onset of the pandemic, and participants reported really appreciating that this particular class was virtual so that they could easily check in from home. It is unlikely there is a one size fits all solution, and the Zoom format of the MCL-BMAT program is better suited to some individuals than others.

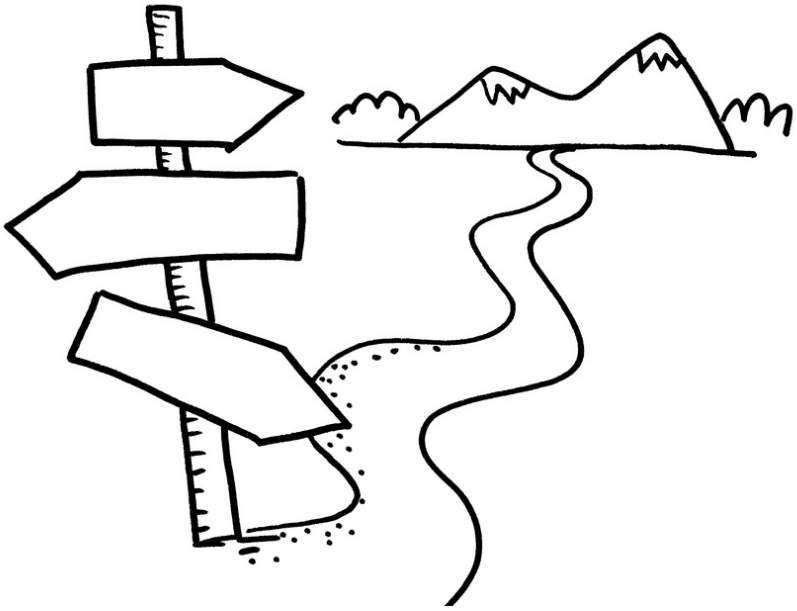
Programs for youth

Many participants expressed how much they wish a course like MCL-BMAT had been offered when they were younger.*"This is something I wish I had been exposed to 20+ years ago. Every middle school should offer this to students" [Q785].* Another participant wrote, *"I would love to see this more heavily incorporated into the education system. I would've given anything to have learned this information as a child" [Q85].*

Perhaps future facilitators of similar programs could consider iterations more suitable for children and youth, with more basic language and a slower introduction to some of the mindfulness exercises. With the vast array of positive benefits reported by adult participants, it is likely that this program could be extremely useful for younger people too. *"The training provided would be very useful if introduced to children/youth to assist in shaping both self-perception and view of others. Self-regulation is most always underestimated but can be learned and would greatly benefit our society"[Q5].*

Conclusion

This research aimed to explore people's experience with the MCL-BMAT program and contribute more generally to our understanding of MBM. MCL-BMAT participants reported positive changes in their bodies, their minds, and their relationships. Participants reported feeling better physically, processing their worlds in a more positive and intentional manner, and relating to themselves, others, their jobs with more awareness. Our results also indicated that participants developed a heightened interest and capacity in caring for themselves, which may result in less reliance on the healthcare system.



Most, if not all, of the positive benefits from the MCL-BMAT program speak to an increase in participant self-awareness and self-management, which are central to MBM. Whether the participant was coping with grief, trying to attain a better night's sleep, or navigating their interpersonal relationships, they were able to be guided by inner resources of self-exploration and self-regulation revealed and explored through the training, rather than relying only on external resources.

When broadly examining many of the identified themes in this report, it stands out that participants consistently reported that they were newly able to create some psychological space between environmental stimuli and their response to it. According to Kross and Grossmann (2012), psychological distance occurs when one takes the "bigger picture" into consideration and moves away from reflexive responding. For example, our participants reported sitting with their physical pain and thinking about it more broadly, putting mental space between a stimulus and response in order to act with more intentionality and awareness, and a newfound understanding that you cannot automatically know what others are thinking and feeling. These findings of psychological distance are particularly noteworthy as they have been posited to reflect the development of wisdom, more pragmatic reasoning, and emotional regulation (Kross & Grossmann, 2012; Moran & Eyal, 2022).

Participants reported actively working on contributing to and bolstering their health and well-being, rather than solely on fixing existing illness or deficit. As a result of this salutogenic orientation, participants reported eating better, sleeping better, working with their anxiety before it became overwhelming, and treating themselves with compassion and kindness. Participants indicated that they were proactively nurturing the self.

The challenges reported by participants, such as maintenance of practice, the initial frustration around "getting it," and using practices in the workplace, though understandably difficult, are quite normal when undertaking this type of training and self-reflection. Even in the face of these challenges, participants reported and demonstrated a strong sense of hope and desire to continue to work with the MCL-BMAT material. It seems fair to say that the rewards of this work outweigh the challenges and provide motivation for participants to persevere with practice. It is also worth noting that these challenges reflect the uniqueness of this perspective, as participants were learning a new way of being and existing in the world. As MBM becomes better integrated within everyday health practice, the challenge of "getting it" and "maintaining it" may be attenuated. Participants by and large indicated that they planned to continue to pursue this new way of being.

This perseverance may also be related to participant's understanding of the training effect principle and neuroplasticity, which were both discussed regularly throughout the MCL-BMAT program. The training effect principle, simply put, refers to the notion that what you train will grow over time, and what you don't train will wither and dissipate; in this context, the more you practice and train your understanding of mindfulness, the stronger the propensity to practice becomes. This training effect principle in particular was repeatedly cited by participants as a key takeaway from the program's material. Having this foundational knowledge of the brain and body was very useful for participants to build the initial buy in to the program and to generate motivation to continue their practice.

In conclusion, the current project demonstrated that the MCL-BMAT program facilitated by Dr. Cook improves participants biopsychosocial functioning in many different areas of life. It contributes to the growing evidence of the benefits of MBM. They alleviate some of the current burden on conventional health care and improve quality of life for participants. Our meaningful conversations with participants and their consistently recurring positive outcomes lends strong support for the development and implementation of MCL-BMAT and other, similar MBTs across Canada, as a proactive and preventative approach to health and well-being.

Appendix 1

Description of the Mindfulness & Conscious Living – Body-Mind Awareness Training (MCL-BMAT).

The MCL – BMAT program evolved from Dr. Cook's own explorations of self-care and are directly informed by his training in the fields of yoga and Yoga Therapy, MindBody-Lifestyle Medicine, mindfulness-based interventions including MBSR, MBCT, MB Relapse Prevention, and Trauma-Sensitive Mindfulness, as well as Trauma Informed Yoga, CBT, DBT, and ACT. The program in its entirety consists of 12 sessions including the following: a preliminary consult, an education/orientation session, the 8-week sessions of MCL-BMAT, a mid-program interview, and an all-day silent retreat. The details of each are outlined below.

The preliminary consult

This is a dedicated 2.5 hours oriented to hearing about and understanding as much as possible the patient's history and how their perceived health and wellness has and is affecting their life. It is further oriented to directing patients to evidence-based self-care-oriented practices/ways of living from a MB-Lifestyle Medicine perspective, as well as assessing patients for the possibility of participating in self-care-oriented programmes helping them learn and develop enhanced self-regulation and resilience.

Education/orientation session

This 3-hour group psychoeducation session is intended to provide patients with evidence-based information about MB-Lifestyle Medicine, mindfulness, and how we might apply this information to our own lives in personal growth and development. This session also functions as a screening for the MCL-BMAT program.

Appendix 1

Mindfulness and Conscious Living – BodyMind Awareness Training (MCL – BMAT)

This is an intensive training with 8 weekly sessions of 3 hours each (see outline below), as well as a 30-minute mid-program interview to support the individual participant, and an all-day silent retreat of 7 hours to deepen the practice and training experience. This program is informed by evidenced-based yoga and Yoga Therapy, MindBody-Lifestyle Medicine, mindfulness-based interventions including MBSR, MBCT, MB Relapse Prevention, and trauma-sensitive mindfulness, as well as trauma-informed yoga, CBT, DBT, and ACT, and the understanding that we all have the capacity to explore new possibilities and experience life fully as it is. The overarching invitation is to bear witness (bared attention), be curious, and be kind (to self and others). Each participant is encouraged to explore and engage in the home practice that is referred to as "Practice Matters."

Each weekly session has an overarching theme or "pointer" to understanding ourselves more deeply, and subthemes, all of which are explored as experiences we have in actual practice. Each session begins by stopping (intentional grounding pause) followed by an hour of guided practice that includes slow, mindful movements and other specific mindfulness meditations including focused attention (body scan, breath awareness, awareness of sensoriscape, thoughtscape etc.), open awareness, and heartfulness (kindness - befriending practice). This is followed by a period of personal reflection on the experience and learning from the week, and a group reflection and sharing, drawing out the main theme and subthemes. The group sharing is invited to be an integral part of the training in mindful sharing and listening. Short poems, fables, and other examples are often shared by the facilitators as pointers to the themes and practice.

Appendix 1

Mindfulness and Conscious Living – BodyMind Awareness Training (MCL – BMAT)

After a short break the session continues with more reflection and conversation around the core themes and subthemes, and a handout entitled "Useful Things to Know" (oriented to the week's core themes) to encourage the invitation to explore new possibilities and ways of being and to deepen our understanding of ourselves. This is followed by more practice around the breath, breathing, and heartfulness/self-compassion. Time is then dedicated to reviewing the CBT practice following a program called The Changeways Clinic Core Program. The session closes with more mindfulness practice, the nature and duration of which varies each session depending on time, and usually entails body and breath awareness, grounding, or the 3-Step Practice (adapted from "3 Minute Breathing Space" from MBCT), which may be followed by a short period of self-reflection. The sessions end with a review of the Practice Matters for the coming week and an intentional pause.

Outline of MCL-BMAT Sessions

Session 1: Education/Orientation

- Psychoeducation around how we work, salutogenesis and caring wisely for ourselves, and setting the tone for those registering for the 8 weeks of MCL-BMAT.

Session 2: Ways of Seeing

- Information about perception and perspective, getting familiar with our everyday "doing" mode of mind and its influence on us, as well as developing interest and willingness to exploring new possibilities.

Session 3: The Story-Teller

- Deepening familiarity and intimacy with our doing mind.

Appendix 1

Outline of MCL-BMAT Sessions

Session 4: Beyond Story
- Exploring the possibility of an alternative quality of mind, "being" – witnessing, and its potential influence.

Session 5: "Koyaanisqatsi" - Exploring the nature of Reactivity/Dissatisfaction and how we suffer
- Pain
- Willingness to see our patterns and choice points for the possibility of alternative pattern development.

Session 6: Clarity - Exploring the nature of Reactivity/Dissatisfaction and how we suffer
- Mood & Depression
- Deepening our clarity around our patterns, recognizing the nature of thoughts and thinking, and the possibility of change and a different relationship.

Session 7: In the Eye of the Hurricane - Exploring the nature of Reactivity/Dissatisfaction and how we suffer
- Worry & Anxiety
- There is another way than that of our conditioned reactivity, deepening our understanding and capacity for a different relationship.

Session 8: Cultivating the Garden - Exploring the nature of Reactivity/Dissatisfaction and how we suffer
- Unwholesome Habits & Addictions
- Recognizing what is being cultivated In This Moment and exploring the choice point.

Session 9: The Practice is Living
- Living the practice is Living! Intention – Remembering – Willingness.

Appendix 1

Cognitive-Behaviour Therapy – The Changeways Core Program

The Changeways Clinic Core Program work is integrated into each session, as well as reviewing the material from the previous week's homework. The content is adjusted to align as much as possible with the mindfulness practice themes and intentions.

Session 2	Introduction
	Section 1: Thoughts, Actions, Feelings Triangle and Goals
	Section 2: The Nature of Stress, The Sustaining Lifestyle
Session 3	Section 4: The Role of Your Social Life
Session 4	Section 4: The Role of Your Social Life continued / Assertiveness
Session 5	Section 2: The Nature of Depression
	Section 3: Thinking about Thinking –Introduction
Session 6	Section 3: Thinking about Thinking – Distorted Thinking & Handling changes in Mood
Session 7	Section 3: Thinking about Thinking – Overcoming Negative Thinking
Session 8	Section 5: The Road Ahead

Appendix 2

A sample of interview questions and themes that broadly guided focus group discussions.

Lived experience

What was the most important thing you learned from the course?

How has it affected your life?

Can you give me an example?

What are some of the effects of having participated in the course?

Has the course impacted your relationship with yourself?

Prompt if needed to explore how it has affected their health and wellbeing, and more broadly their relationship to themselves, to others, to illness, to work, etc.

Has the program changed how you see the future?

Resilience

Has this practice helped you deal with the challenges of life (stress, arguments, illness, death)

Has it changed your health or the way you understand your health?

Has it changed the way you experience and move through loss?

Has it made you happier or changed your relationship to happiness?

Has this practice made life more meaningful?

Has this practice given you resources to make life more manageable?

Has this practice helped make life more comprehensible?

Appendix 2

Practice

What aspects of the course material were easy to apply? Why?
What has been challenging to apply? Why?
What sorts of practices have stuck with you? Or: What is your daily practice like?
Where do you see your practice going?
Have you attended any of the self-care maintenance sessions?
If so, how has that helped with practice or not?
If not, why?
How would you change it to be more helpful?
Did you attend the All Day Retreat? If so, what was your experience? If not, why not?

Health care

Would you consider this a different and valuable approach to health care?
Why or why not?
Should this type of training be part of basic health care? Explain?
Has this training influenced how you are making use of the healthcare system?
For instance, do you go more, or less, or differently?
Has this training and life practice affected your use of meditation?
Again, more, or less, or differently?

Course evaluation and design

What was the most difficult thing about the course?
Can you give me an example?
What kept you coming for the 8 weeks, especially if you were finding it challenging?
What was the most confusing thing about the course?
What was the best thing about the course?
If you could redesign the course, what changes would you make?

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