**Relighting the Fire**

**Can Somatic Meditation Influence Burnout Symptoms in**

**Health Care Professionals?**

**An Autoethnographic Study**

**By**

**Amanda Scott**

*A dissertation presented in partial fulfilment of the requirements for the degree of MSc in Studies In Mindfulness at the School of Education, University of Aberdeen*

*I declare that this dissertation has been composed by myself, that it has not been accepted in any previous application for a degree, that the work of which it is a record has been done by myself, and that all quotations have been distinguished appropriately and the source of information specifically acknowledged.*

*A picture containing diagram

Description automatically generated*

*Signature …………………*

*Amanda Scott*

*Date 4th August 2021*

*Word count 17, 215*

**Acknowledgments**

This work is dedicated to Lama Yeshe Losal Rinpoche

Thank you for showing me the doorway

I would like to thank my supervisor Colette Savage, and Dr Graeme Nixon for sharing their knowledge, wisdom and skills, likewise

the Mindfulness Association Tutors

My thanks go to the compassionate community of my fellow students

for their unfailing support

To my ground, my sky, Andrew, Tansy and Guthrie. Without whom…..

**Abstract**

Burnout is a common stress related disorder in Health Care Workers which results in high monetary costs to healthcare organisations as well as a high cost in human suffering. Yet, the term is not well defined or well understood, and there is a general reluctancy to investigate the more personal aspects which may impact on the condition such as early developmental and childhood experiences, for example. There is consensus that a key element of Burnout is related to emotions and emotional exhaustion. Somatic Meditation is a body-based Mindfulness approach with has been shown to impact on the emotional self-regulation neural networks through interoception. The belief is that the body stores emotions which have not achieved biological completion, and using interoception through Somatic Meditation, the neural networks involved in suppression of emotions are able to ‘uncouple’. This can free network resources involved in transformation and increased agency which enables the emotional exhaustion aspect of Burnout symptoms to be resolved. An autoethnographic study was conducted from thematic analysis of journal recordings of experiences during a 10-week Somatic Meditation course which was able to show a transformative, if at times emotionally and physically painful journey, which resulted in increased emotional self-regulation and agency, and decreased emotional exhaustion and Burnout symptoms.

**Keywords**

Burnout, Interoception, Somatic Meditation, Attunement, Emotional Regulation, Transformation

**List of contents**

**Chapter 1. Introduction** page 7

**1.2 Literature Review** page 8

1.2.1 Cost of Burnout page 9

1.2.2 Definition of Burnout page 9

1.2.3 Factors Influencing Burnout page 10

1.2.4 Mindfulness Based Interventions page 13

1.2.5 Interoception and Interoceptive Awareness page 15

1.2.6 Somatic Meditation page 17

**Chapter 2. Study** page 21

**2.1 Research Question** page 21

**2.2 Ethical Consideration** page 21

**2.3 Methodology and Research Approach** page 22

**2.4 Theoretical Framework** page 25

2.4.1 What’s popping? Page 25

2.4.2 Autoethnography page 27

2.4.3 Mindfulness page 28

2.4.4 Post Structural Feminism page 28

2.5 **What was done** page 30

2.5.1 Course Content page 30

2.5.2 Critique page 31

**Chapter 3. Findings**  page 33

3.1.1 Past page 34

3.1.2 Shame page 40

3.1.3 Somatization page 42

3.1.4 Transformation page 44

3.1.5 Agency page 45

**3.2 Key Findings** page 47

**3.3 Emerging Issues** page 48

3.3.1Belongingpage 48

3.3.2Shame page 49

3.3.3 Dreams page 49

3.3.4 Agency page 50

**Chapter 4. Discussion and Conclusions** page50

**4.1 Implications and Recommendations** page 53

**4.2 Reflections** page 54

**References** page 56

**List of Figures**

**Figure 1.** Methodological Components page 22

**Figure 2.** Paradigm-specific and

transcendent trustworthiness criteria page 27

**Figure 3.** Unit Composition for the Awakening the Body,

The Way of Somatic Meditation Online Course page 30

**Figure 4.** Addition support content for the Awakening the Body,

The Way of Somatic Meditation Online Course. Page 31

**Figure.5** Theme Table page 34

**Figure.6** Theme diagram page 34

**Appendices** page 68

Appendix 1. Ethics Form page 68

Appendix 2. Course Orientation & Units page 71

Appendix 3. Somatic Meditation Practices page 75

Appendix 4. Table of Journal entries page 76

**Chapter 1. Introduction**

Thisproject aims to explore a body-based Mindfulness Intervention in relation to its effectiveness on mitigating the effects of workplace Burnout amongst Health Care Professions.

Burnout is a pernicious chronic stress related condition affecting individual well-being and workplace and professional efficacy with common occurrences amongst Health Care Professions and other Caring professions.

Using Somatic Meditation, a Mindfulness approach that aims to utilise interoceptive awareness, to affect emotional self-regulation, amongst other benefits. A mixed autoethnographic study was conducted to see results on what was initially perceived to be mild/onsetting burnout conditions.

As the subject and researcher of this study, I identify as a female 51-year-old Health Care Professional, who was starting to exhibit symptoms of Burnout after 5 years in a role where I was a Sexual Health Professional, supporting service users who were Gay, Bisexual, Men who have sex with Men (GBMSM) and were living with Human Immunodeficiency Virus (HIV). My work involved prolonged and repeated exposure to supporting GBMSM living with HIV with issues such as Intimate Partner Violence, Rape and Sexual Assault, HIV and related stigma and isolation, risky sexual behaviours, and alcohol and drug use. Working with factors such as these have been shown to increase incidences of Burnout and Compassion Fatigue in Health Care Professionals (Sorenson et al. 2016), and Secondary Trauma Stress (Ludick and Figley 2017). It wasn’t until I started taking my Mindfulness/Meditation practice more seriously, with the enrolment on the MSc Studies In Mindfulness, that I became aware of difficult emotions and bodily sensations relating to my work, such as described in the following passage which is taken from a description of a Mindfulness practice known as R.A.I.N (Brach 2018, 2019) which was included in the first essay that I submitted as a requirement for the MSc course.

‘***Recognising*** *that when I think of work, I feel an instant sickness in my stomach. I know I am giving myself such a hard time for not always fully concentrating at work, and feeling I am not productive enough. It is making me feel so sick.’ ……*

***Investigating*** *this feeling further, I ask- so what is this about? Somehow the answers bubble up. Of course I act and feel the way I do, because.......*

* *I am alone most of the time in my home office with no-one to talk to*
* *When I go out, my work is really challenging*
* *The people I work with are really living in suffering*
* *The people I work with can be really challenging*
* *I do very sensitive work and I give it my all*

(Scott 2018)

As will be explored in this study, there are clear indications in the above excerpt of factors involved in contributing to Burnout two years before this study was undertaken.

The data from this study has been collated from personal journals that were written for the duration of a 10-week Somatic Meditation course that was delivered online in real time in the Autumn of 2020 and included one to one interaction and support from Meditation instructors, in weekly Zoom calls, along with fortnightly meetings in small tutor groups. A commitment to practise Somatic Meditation for at least one hour per day was a requirement of the course along with engaging in the reading materials that were signposted to as additional content support.

**1.2 Literature Review**

This Literature Review aims to explore current and relevant literature about Burnout and related issues in caring professions and Health Care Professionals (HCPs), to place the autoethnographic research in context, and to highlight the gaps in research around Burnout and using Somatic Meditation as a Burnout Intervention. It will also investigate literature around the principles of Somatic Meditation and its efficacy, particularly drawing on the research in the field of the neural structures involved in mind/body connection, and the mechanisms involved in emotional release and self-regulation.

The Literature Review was started in January 2021 and conducted primarily via Google Scholar, Elsevier, and Research Gate. The key search terms used included \*stress \*burnout \*compassion fatigue \*mindfulness \*mindfulness based stress reduction \*compassion training \*stress healthcare workers \*burnout healthcare workers \*cost of caring \*somatization \*stress and the nervous system \*burnout nursing \*enteroception \*body-mind connection. Relevant podcasts and webinars on the subjects were also investigated, along with several Journals (BMC Complementary and Alternative Medicine, Journal of Anxiety Disorders, Health Psychology Review) and books by recognised authors (Bessel Van der Kolk, Peter Levine and Iain McGilchrist) were also used as resources.

The main themes which are reviewed in the following sections are:

* Cost, definition, and factors influencing Burnout
* How Mindfulness Based Interventions (MBIs) utilising Interoception can impact on Burnout symptoms
* Neural circuitry in Somatic Meditation (SM)

**1.2.1 The cost of Burnout**

Stress is an emotional and physiological reaction to stressors which causes activation of the autonomic nervous system, while Burnout is a feature of chronic and prolonged stress (Lloyd et al. 2002). The estimated annual costs of work-related stress disorders in Europe is around 20 billion Euros according to The European Agency for Safety and Health at Work (Wiederhold et al. 2018) while the NHS put the cost of stress related sickness absence, which accounts for 30% of all sickness absence, at £300-400 million per year, with 38% of NHS Staff reporting to have experienced work-related stress (NHSEmployers 2019). These figures highlight the need for resources and interventions which can mitigate the impact of Burnout, not just in financial costs, but more importantly, in human cost, with such high prevalence of Burnout in Western Industrialized societies (Heinemann and Heinemann 2017).

**1.2.2 Definition of Burnout**

Definitions of Burnout are not clear or consistent throughout published literature (Heinemann and Heinemann 2017) with Kalani et al. (2018) from a systematic review, placing it between stress and depression. What is evident in the literature as described in both Goodman and Schorling (2012) and Wiederhold et al. (2018), is Burnout can be described ﻿as having three main components: Emotional Exhaustion, Increased Depersonalisation, and lack of Personal Accomplishment (Goodman and Schorling 2012; Wiederhold et al. 2018).

While Goodman and Schorling ibid, consider that Burnout may constitute all *or* any of the three identified factors, generally it is accepted that all three elements constitute Burnout (Krasner et al. 2009; Vaillancourt and Wasylkiw 2019) and there is a concomitant increase in workplace errors (Shanafelt et al.)

Sorensen et al (2016) ﻿through an integrative review, add to the characteristics that constitute Burnout by including Mental and Physical exhaustion and a sense of Powerlessness. They also show how the term Burnout is used interchangeable throughout literature with other terms such Compassion Fatigue, Secondary Traumatic Stress (STS) and Compassion Distress, and current literature is unable to ascertain whether these terms are synonymous (Sorenson et al. 2016).

This highlights the need for further research into the definition of Burnout (Heinemann and Heinemann 2017), which could be, as suggested by Sorenson et al, op.cit , a concept analysis.

While maintaining that Burnout can be all or any of the three central characteristics, Goodman and Schorling (2012), posit that exhaustion is a central element of burnout, and along with Kalani (2018) they ascertain it is an emotional exhaustion, while Wiederhold et al. (2018) define the Burnout exhaustion as equivalent to emotional overwhelm. With Cocchiara et al. (2019) suggesting that Burnout results in emotional functioning deterioration, we can see that Burnout could be described as disordered emotional self-regulation (Alessandri et al. 2018) which includes disconnection and loss of empathy with others (depersonalisation) (Krasner et al. 2009), and loss of personal agency (lack of sense of accomplishment, powerlessness) (Vagni et al. 2020).This definition informs the autoethnographic research undertaken for this MSc Work based project.

**1.2.3 Factors Influencing Burnout**

Freudenberger (1989) who was one of the first people to study and define Burnout, considered the phenomena in terms of wider societal and value systems describing it as ‘*an exhaustion born of excessive demands which may be self-imposed or externally imposed by families, jobs, friends, lovers, value systems, or society, which deplete one’s energy*’ (Freudenberger & North, 1986, p. 9) in (Fontes 2020). Wiederhold et al. (2018) while still considering that Burnout is a social phenomenon, relates it distinctly to workplace factors such as work overload, lack of control and decision making, poor communication and lack of sufficient reward. They highlight the organisational, economic, and political factors which influence the individual in relation to their workplace. This somewhat aligns with the World Health Organisation (WHO 2019), who recently added Burnout to the International Classification of Diseases -11 (ICD-11) describing it not as a medical condition, but as a syndrome which is an ‘occupational phenomenon’ resulting from mismanaged workplace stress. However, while the inclusion in the ICD-11 relates exclusively to Burnout being an occupational phenomena we can see that the term is being used in other social contexts and areas such as Parental Burnout, and relates to the mismatch of needs and resources in chronically stressful situations (Mikolajczak, M.; Gross, J.J.; Roskam 2016; Griffith 2020), which resembles more closely to a social phenomenon which is described by Freudenberger (1989) and Wiederhold et al (2018), and warrants further investigation into possibly broadening the scope of definition and influencing factors.

While predominately focussing on the workplace model, Wiederhold et al. Op.cit, also considers factors which impact on Burnout that are not exclusively occupational and organisational, as they look at a predisposition to the condition which is influenced by personality characteristics. When conducting a systematic review of interventions for Physician Burnout, they found that a key role was played by the disposition of the individual with ‘high-risk’ personality types having the attributions of being introverted, having high neuroticism, as well as low agreeability and negative affectivity (Wiederhold et al. 2018). This would align with the findings of Levin and Stokes (1989) who reported that negative affectivity, which denotes the tendency for negative emotions such as worry and rumination , and low self-concept, was a significant factor in experiencing low job satisfaction. This in turn may well contribute to Burnout and may be evidence of what Wiederhold et al. op cit. saw as a mismatch of the professional with their job, and while they saw that the predisposition to, and experiencing of, Burnout was induced by a complex mix of; coping styles, work environmental stressors, and genetic vulnerabilities, they fail to explicitly mention the possibility of personal histories such as stressful early life events, or Adverse Childhood Experiences (ACEs) for example, as an influencing factor. These issues should not be dismissed as there is a strong correlation between negative affectivity and childhood stress and/or maltreatment as shown by Perea et al. (2012) in their study examining stress responses and Genotype x Environment ﻿ with a detailed look at Brain-derived neurotrophic factor (BDNF) which has also been linked to aspects of neuroplasticity (Perea et al. 2012) which is the ability of the neural pathways in the brain to change to a more positive wellbeing trajectory (McEwen 2016).

The exclusion of sensitive subject matter such as ACEs, may be the result of ﻿systematic barriers and fears of the discussion, such as was found by Strait and Bolman (2017) when they researched the impact of personal ACEs disclosure by Medical student in order to better practice Trauma Informed Care. While Strait and Bolman, ibid, found an organisational and systematic denial to have a conversation around ACEs, Freudenberger, op.cit, considered personal denial to be a key factor in relationship to Burnout. Freudenberger’s position addresses underlying causal factors of Burnout, which rather than occupational or genetic predisposition, he deems it to be the conflict between an idealised version of self and the denial of imperfect true self. He explains that ‘*If you think you’re burning out you can be certain you’ve assumed the posture of denial in critical areas of your life’* (Fontes 2020).

Freudenberger saw that the ‘*false image’* of self which he considered maintained Burnout, may have originated as a defence mechanism developed from early childhood experience(Fontes 2020)*.* This is interesting in light of how we see those with problematic early experiences being drawn to work in caring roles (Farber et al. 2005; Maunder et al. 2010; Zerubavel and Wright 2012; Esaki and Larkin 2013), and the prevalence of Burnout in those roles (Kemper and Khirallah 2015; Duarte and Pinto-Gouveia 2016), and also furthers the need to investigate underlying psychological foundations of Burnout (Heinemann and Heinemann 2017). Freudenberger’s view makes it questionable that there is general omission of investigation into early life experiences in relation to Burnout, and especially Burnout in HCPs.

However, writing from an Occupational Health viewpoint, Grandey et al. (2013) illustrate how denial and suppression of true feelings can be a necessary occupational health hazard due to the professional inappropriateness of authentically responding to interpersonal mistreatment from angry patients, for example, and because of the view that being emotional is unprofessional, with ‘*an expectation for compassionate detachment’* in Health Care settings. This can be countered by creating a climate of authenticity and psychological safety amongst co-workers which positively affects emotional self-regulation (Grandey et al. 2013). It has been shown that social support affects emotional self-regulation (Taylor and Master 2011; Van Der Kolk 2014) through resilience and stress response homeostasis via neuroplasticity (McEwen 2016), and the key factor of social cohesion and positive colleague interaction at work, mitigates some of the influence of Burnout symptoms (Wiederhold et al. 2018).

So while it is generally agreed that Burnout is the result of prolonged and chronic stress (Lloyd et al. 2002), there is a complex picture of factors which influence the condition: societal and personal, overt and covert, subtle and obvious, internal and external, historical and current, which makes it a highly personal experience which warrants a personal approach to treatment.

**1.2.4 Mindfulness Based Interventions**

Mindfulness, while not being a unitary construct, is an umbrella term used to describe psycho educational and meditation exercises (Van Dam et al. 2018; Conversano et al. 2020) with the aim of improving wellbeing. Originating in Asian Buddhism, it can involve ﻿‘*the cultivation of experiential awareness of the present‘* which may enable reduced reactivity to thoughts , sensations and emotions (Kerr et al. 2013). Much literature has been published on the effectiveness of Mindfulness Based Interventions (MBIs) for addressing Burnout (Krasner et al. 2009; Goodman and Schorling 2012; Westphal et al. 2015; Duarte and Pinto-Gouveia 2016) however the degree to which MBIs are effective is debated.

Spinelli et al. (2019) conducted a meta-analyses which overall found that MBIs had a low impact on Burnout, and the most effective methods which did have a moderate effect were those which utilised discussion and teaching as well as Mindfulness, for example the ﻿Eight-Point Program of Easwaran (see Flinders et al. (2007) for a description and review) rather than a Mindfulness Based Stress Reduction (MBSR) program which is an intervention developed by Jon Kabat Zinn (Kabat-Zinn 2004), and is a comprehensive program which utilises numerous Mindfulness based exercises (Beblo et al. 2018) (Spinelli et al. 2019). One of the 8 key elements of an Eight-Point Program of Easwaran like approach, is the development of ‘community’ of practitioners which may account for the increased effectiveness compared to other MBIs, and could highlight the importance of the community cohesion, social interaction and psychological safety for mitigating Burnout, as previously mentioned (Taylor and Master 2011; Grandey et al. 2013; McEwen 2016; Wiederhold et al. 2018). This may be due to biological programming to function as a member of a ‘tribe’ according to the Psychiatrist and Educator Bessel Van Der Kolk, who states that feeling safe is ‘*probably the single most important aspect of mental health*’ (Van Der Kolk 2014 pg 79).

Lamothe et al. (2016) found that MBSR programmes may be effective for Burnout, but clarity was not found on which of the underlying mechanisms are responsible on which element of the Burnout presentation. They posit that the Emotional Competencies (i.e., identification of own emotions, other’s emotions, and emotional acceptance) may assist with emotional self-regulation which then has a positive impact, however with regards to Empathy, they suggested that increased empathy may present a susceptibility to Burnout (Lamothe et al. 2016). This is disputed by Tei et al. (2014) who found that by looking at brain activation centres, high burnout was associated with low empathic activity. A possible explanation for this result may be that in High Burnout, depersonalisation is a prominent symptom which results in emotional detachment from others (Lemche et al. 2007) and thus lack of empathy. However both Lamothe et al and Tei et al op.cit agree that the ability to identifying one’s own emotional reactions is a key factor in reducing Burnout symptoms.

Comparing Lamothe et al. (2016) with Spinelli et al. (2019), of the two similar systematic reviews Spinelli et al. (2019) show more conservative results. This may be accounted for by the fact that 20% more student subjects were reviewed in Spinelli et al (2019). MBIs may have low impact in this cohort due to initial adjustments to high stress workplace settings for the student as well as inexperience in situations which aid the development of personal and professional resilience (Passi 2014). Further evidence for this is seen by Spinelli et al (2019) concluding that MBIs showed smaller benefits in younger HCPs, who are more likely to be students, therefore identifying the need for alternative supports for this age/cohort (Spinelli et al. 2019). What is clear is that both reviews did find evidence of MBSR programs having an overall beneficial effect on HCPs mental health in general (Lamothe et al. 2016; Spinelli et al. 2019).

﻿In agreement with Lamothe et al. op. cit and Spinelli et al. op.cit, Beblo et al. (2018) concludes that Mindfulness is beneficial to aid processing emotions, which as indicated by previous mentioned studies, is key to Burnout interventions. They look further to ascertain exactly which the effective methods of Mindfulness foci entail and conducted trials into the efficacy of ‘breathing focused’ Mindfulness meditation and ‘emotion focused’ Mindfulness. Both techniques were shown to be beneficial in emotional regulation, with breath focus producing marginally better results and an immediate benefit for challenging emotions (Beblo et al. 2018). ﻿These results may be unreliable in the expression of Mindfulness foci effectiveness overall as this study used novice meditators, and studies in neuroscience have shown different results depending on how experienced or expert the meditators are (Tang et al. 2015). In summary, there is ongoing debate and research into which MBIs are most effective for Burnout, and which aspects of those MBIs are most impactful.

**1.2.5 Interoception and Interoceptive Awareness (IA)**

While it is accepted that the two forms of Mindfulness focus studied by Beblo et al, op.cit are within a range of many versions of Mindfulness techniques, further clarity is needed to ascertain exactly what constitutes Mindfulness, and what differentiations there are of approaches (Van Dam et al. 2018; Gibson 2019). Gibson (2019) would argue that the two techniques studied by Beblo et al (2018) are very separate approaches ﻿which have different neural correlates and circuitry. Using a detailed and evidenced description of brain activity during different forms of Mindfulness training Gibson (2019) is able to theorise that among three general categories of practice; Focused Attention (FA), ﻿such as a focus on breathing meditation, Open Monitoring (OM), paying attention to sensations internally and externally in a non-judgmental and accepting way, and Interoceptive awareness (IA) ﻿which is ‘*perception of the internal state of the body’* (Gibson 2019), the latter, IA may be the key and foundational factor from which Mindfulness benefits are derived (Mehling et al. 2009; Hanley et al. 2017; Gibson 2019). This is due to IA strengthening the insula and interoceptive network connectivity which is the ‘*neurological correlate of interoceptive, nociceptive, emotional, and all subjective awareness*’ Gibson (2019).

In contrast, rather than attribute the main benefits of Mindfulness to Interoception, Tang et al (2015), looking at studies which observe changes in the core brain regions after Mindfulness, suggest that the changes to self-referential processing modes are that which are the main causal factors in gaining benefits, particularly activity of the Anterior Cingulate Cortex (ACC) ﻿which is enhanced in experienced meditators. This, along with the Insula, which also has a role in awareness, and is also enhanced in experienced Mindfulness practitioners, may contribute to an enhanced awareness overall which results in an objective analysis of interoception *and* exteroceptive sensory experience, rather than a subjective self-referencing. However they concede that emergent evidence is indicating that Mindfulness can be associated with neuroplasticity of function and structure involved in the networks of attention regulation and emotion, as well as self-awareness (Tang et al. 2015).

Looking at Gibson’s (2019) work further, they describe how IA anchors interoception, which then is able to stabilise the ability of OM, while FA further enables and enhances the effectiveness of OM, resulting in a deeper meditation practice, as opposed to activation of other neural networks related to negative affectivity and rumination for example (Gibson 2019). This corresponds with the neurophysiological description supplied by Kerr et al. (2013).

Kerr et al (2013) are able to use computer modelling of the sensory neo-cortex which they then consider is able to influence how MBIs are conceived, through identifying the sensory-cognitive sequences related to MBI practice benefits, which illustrate how interoception processing in the brain enables emotional self-regulation (Kerr et al. 2013). They hypothesis that directional attention may be able to ‘unstick’ or ‘de-bias’ the system that has been stuck in a pattern to cope with ongoing discomfort, and thus frees attentional resources (Kerr et al. 2013). This corresponds to the notion of ‘the seeing is the doing’ as coined by J. Krishnamurti (Nairn et al. 2019).

﻿﻿

While Gibson (2019) suggests that IA and Mindfulness are interwoven constructs, Mehling et al. (2009) shows that in fact interoception is not well understood and there is yet no consensus of meaning of the term, similarly to the position on Mindfulness as seen in Van Dam et al. (2018) (Mehling et al. 2009). This adds to the barriers of acceptance in modern science, along with the fact that ‘*interoceptive processing can be ﻿noisy and ambiguous’* and hard to measure objectively (Gibson 2019) however interoception is increasingly receiving research attention in the areas of psychology and psychiatry , philosophy and psychosomatic medicine (Mehling et al. 2018).

With regards to Interoception, MBIs, including Mindfulness Based Stress Reduction (MBSR), cultivate IA by supplanting ‘thinking’ about bodily experiences to ‘feeling’ bodily experiences which has an impact of rumination via self-referencing (Bishop et al. 2004) and autonomic nervous system arousal (Mehling et al. 2018).

As IA’s central role in emotional self-regulation is shown by the neurobiological evidence of imprint on the insula, which is the primary hub for interoception (Gibson 2019), and this is also the primary area modulated by Mindfulness meditation (Farb et al. 2015), Gibson then concludes that the areas associated with Mindfulness benefits, i.e., (1) regulation of attention, (2) bodily awareness, (3) emotion self-regulation, and

(4) transforming perception of self, should more accurately be attributed to the benefits received through IA (Gibson 2019) however (Farb et al. 2015) posits that IA is not the only factor which modulates increased interoception, and that it is influenced by many other factors including; Coherence ,Attention tendency, Sensitivity, Accuracy, Sensibility and Regulation, which are in turn influenced greatly by variation amongst individuals, as well as environmental stressors and, habitual patterns (Farb et al. 2015) and memories, conditioning , beliefs, interpretation and attitudes (Mehling et al. 2009). This corresponds to research previously mentioned by Perea et al. (2012) who show how the influence of exposure to stress in early childhood developmental stages, for example ,affects the corresponding reaction to environmental stressors later in life and therefore perception of experience and neuroplasticity of functional brain networks (Perea et al. 2012). The effect of personal early history and its impact on later life due to dynamic reconfiguration of neural pathways is also shown by Shanmugan et al. (2020) using brain imaging on menopausal transitioning women (Shanmugan et al. 2020). It can therefore be proposed that Farb et al. (2015) and Mehling et al. (2009) are suggesting that early childhood and Adverse Childhood Experiences can affect IA and interoceptive processing, and therefore are influencing factors in how MBIs are received and their effectiveness.

﻿

**1.2.6 Somatic meditation**

As modern secular Mindfulness and MBIs have developed, it has become apparent that the equivalence between traditional contemplative practices is disputed (Farb et al. 2015; Monteiro et al. 2015; Van Gordon et al. 2015) which impacts on the interpretation of the role of interoception, as well as how the body is understood as a central domain of experience in every activity of life, with a sense of embodiment being foundational to wellbeing in original Buddhist contemplative traditions (Farb et al. 2015), as Buddhist teachings starting with ‘Mindfulness of the Body’ (Nairn 1999; Anlayo 2020). Kerr et al (2013), as shown previously, translate this into neurophysiology, and hypothesises around the importance of the somatic focus in early stages of Mindfulness training, which aids against mind-wandering by deactivating the relevant neural circuitry (Gibson 2019) and so enhance metacognition, i.e. thinking about one’s thinking (Bishop et al. 2004), and cognitive regulation by exerting influence on neural network and pathway regulation (Kerr et al. 2013) such as that involved in self-referential processing (Tang et al. 2015).

Somatic Meditation (SM) can be described as Mindfulness meditation ‘*with the body*’ where the body becomes the ‘*fundamental arena*’ of the meditative practice (Ray 2014, 2016) rather than other Mindfulness approaches which may ‘*emphasize entry through the intentional thinking of the conscious mind and following conceptual instruction templates’* (Ray 2020a)*.*

Ray may be referring here to ﻿‘conceptual’ aspects of Mindfulness which include visualisation , which has been shown to support control and regulation with dysregulated individuals so is not without merit (Stevens 2019). However, Ray also may be alluding to the notion that through experiencing the interoceptive network as a fundamental basis to practise, Mindfulness skills, and thus neural circuitry may be developed (Gibson 2019) which enhances meta-awareness and facilities non-identification of self as ‘*a static entity’*, but rather the shift in perception is to the ‘*phenomenon of ‘experiencing’’* (Tang et al. 2015).

Ray (2016) argues that the exclusion of the body from Mindfulness and meditation practices constitutes a ‘top down’ thinking-mind, left brain approach, as extensively explored by McGilchrist (2009), which does not address the ‘*pernicious disembodiment’* commonly currently experienced in society (Ray 2016), while Farb et al. (2015) review that the body as concept in traditional contemplative practices does not easily translate to the framework of scientific approaches to interoception (Farb et al. 2015). However, Farb et al ibid, do concede that

‘ *attention to embodied experience is significant for self-representation and well-being, and therefore supports the more general hypothesis that over-dependence on top–down, or merely conceptual (in contrast to sensory) awareness significantly limits a human being’s potential for relating to self, others, and the world’* (Farb et al. 2015).

Compatible with this, from a Phenomenological point of view, Russon (2015) puts forward Merleau-Ponty’s argument that it is through the body that possibilities of engagement with the world emerge, and so the sense of self is ‘*rooted in embodiment’* as our self develops through competency and incompetency in this engagement (Russon 2015). Here ‘rootedness’ could refer to the sensory over the conceptual, therefore the sense of self develops through the bodily experience.

Looking further, Chiesa et al (2013) explains that top-down refers to the ‘higher’ cognitive brain centres such as the prefrontal cortex and the amygdala, while bottom-up is described by Vandekerckhove (2020) as ﻿ involved with the limbic somatosensory systems where emotion regulation is modulated directly in emotion-generative brain regions with minimal engagement from the higher ‘cognitive’ centres (Chiesa et al. 2013; Vandekerckhove 2020). Thus, top down (efferent) or bottom up (afferent) pathways refer to different ways of experiencing emotions , with Vandekerckhove’s, ibid, work being involved with looking at white brain matter, which interprets sensory information coming from the body , as opposed to grey matter which sends and processes information to the body, and evidencing that bottom up is a direct somatosensory experience i.e. coming from deep within and throughout the body, and concerned with the ‘what’ of the emotion , rather than top down cognitively self-referenced ‘why’ of the emotion (Mehling et al. 2009; Vandekerckhove 2020).

Chiesa et al (2013) explore with a review of neuro-imaging studies and conclude that MBIs are associated with top–down emotion regulation in novice and short-term practitioners, while bottom–up emotion neural networks are associated with long-term practitioners. Significantly, they also posit that both processes can be utilised depending on Mindfulness training, instruction specifics and tradition (Chiesa et al. 2013).

Also, Tang et al. (2015), is able to demonstrate clear possibility of stress modulation by Mindfulness being the result of a ‘bottom-up’ pathway through activation of parasympathetic nervous system and thus decreased sympathetic nervous system responses (Tang et al. 2015). This is evidence that bottom up neural activation pathways would impact of Burnout symptoms via mitigation of the chronic stress response.

What Ray (2014, 2016) calls Somatic Meditation is body-based meditation approach which aims to access ‘felt sensing’ from within the body. This approach is very much based on interoception, and bottom-up neural network activation experienced through somatic practises (Ray 2014, 2016).

With regards to Burnout, SM may be key to emotional regulation as the interoceptive network is acutely engaged in emotional processing, through the anterior insula, as we have seen, and so bodily and emotional state perception is ‘*intimately linked*’ (Zaki et al. 2012). Through neuroplasticity facilitated by ‘body-mind connection’ (McEwen 2016) via SM, habitual stress reactions may be reconfigured to a positive wellbeing trajectory, and the denial aspect of Burnout, as alluded to by Freudenberger in Fontes (2020) could also be mitigated by IA via SM, as exhibited by the theory presented by Kerr at al (2013) whereby attention can unstick or debiase habitual neural patterns which consitiute denial and disengagement.

Through work in the field of chronic stress and trauma, Payne et al (2015) and Levine (2015) can also show how increased interoceptive awareness leads to emotional self-regulation and agency. Deriving from Levine’s (2015) 45 years’ work and development of a therapeutic intervention, they advocate taking an interoceptive, proprioception and kinesthesis approach using Mindfulness based focusing, however they caution against tradition meditative practices which they say can aim to increase detached observation of the body. While this can be disputed (Kerr et al. 2013; Anlayo 2020), nevertheless their ‘Somatic Experiencing’ model encourages active observation of bodily sensations, which again is an experiential rather than conceptual approach, and which they believe can inform Mindfulness practice (Levine 2015; Payne et al. 2015) in much the same way as Somatic Meditation can (Ray 2016) via afferent sensory neural networks.

While, as previously explored, many MBIs have been utilized in relation to Burnout, very few have taken a taking an explicitly and purely somatic approach. A large body of literature has identified that emotional self-regulation is a key concept in Burnout, with Bakker and de Vries (2021) adding to this area by highlighting the need for Emotional Intelligence as a necessary skill for emotional regulation, through their multiple level theoretical model (Bakker and de Vries 2021), and Schutte and Malouff (2011) evidencing how Mindfulness develops Emotional Intelligence (Schutte and Malouff 2011), plus the evidence that somatic approaches, using bottom up neural network activation, positively affect emotional self-regulation (Farb et al. 2015; Gibson 2019).

**Chapter 2. Study**

**2.1 Research Question**

Can Somatic MeditationInfluence Burnout symptoms?

* Using the Mindfulness approach of Somatic Meditation, will there be behaviour change regarding occupational Burnout?
* Can Somatic Meditation influence emotional regulation, a key concept in occupational burnout?

**2.2 Ethical Consideration**

As this study was autoethnographic research, it is considered to be minimal risk of ethics violations, and so I did not need permission from the University of Aberdeen’s Ethics Committee to undertake this investigation.

There are three main considerations when conducting autoethnography; myself as the writer writing about my experience, any others whom I write about, and the reader of this research. The approach that I have taken to writing is to be cautious and careful in relaying any potentially sensitive material and writing in general terms as much as possible in order to anonymise and omit identification of any individuals, however it may be that some of the issues addressed in this research have a potentially triggering consequence which I am unable to predict or counter further without the writing verging into sanitised and bland statements which would have lost all meaning and complexity.

With regards to myself, I experienced discomfort and a period somewhat like grieving when I reviewed my journals as I had not conceived of the extent of my own Burnout until I began analysis of the data corpus. This can be an unfortunate consequence of autoethnography (Chatham-Carpenter 2010), but in the spirit of self-realisation and truth seeking, I am glad for the experience as it was ultimately transformative (Gannon 2006). The consequence of transformation was also noted by Priddis (2015), a autoethnographer looking through a feminist interpretivist lens, who saw that the ‘self-transformation’ that is witnessed is reward for the vulnerability and exposure that is often offered through self-study (Priddis 2015).

**﻿**



**2.3 Methodology and Research Approach**

This study takes a Mixed Auto-Ethnographic methodological approach using an Interpretivist and Phenomenological exploration of a self- created narrative.

Graphy

Auto- Self Observation



Ethno

Auto

Ethno- Sociocultural Connection

Graphy- Application of research process



Figure 1. Methodological Components

Adapted from Bunde-Birouste et al. (2019) and Wall (2008)

Autoethnography has been described a Postmodern response to the rejection of the dualistic Cartesian view of reality wherein the only valid research is that which is external and separate from self (Joyce 2020), and is Postpositivist in the face of the inadequacy of Positivist assumption regarding the rich complexity of the human experience in research (Lather 1986), rather it takes an Interpretivist and Humanistic stance (Méndez 2013) . Described as an emergent methodology, however Gannon (2006) referencing Foucault (1997b, p. 233) notes that writing about the self has existed as an ancient western tradition stemming from classical and early Christian times, who recognised the different forms of self, and used this approach in order to ‘release’ and ‘disassemble’ self (Gannon 2006). Autoethnography seeks to counter the canonical forms of undertaking and presenting research, which has mostly favoured the perspective of the heteronormative, ableist, Christian, middle to upper class male (Ellis et al. 2014).

While Emotive Autoethnography can be troubled by being seen as pure autobiography, narcissistic and self – centred (Bunde-Birouste et al. 2019), it aims to resist the treatment of Analytic Autoethnography in order to disrupt and dispute the existing paradigm which Ellis and Bochner (2006) regard as the quiddity of this rebellious and untamed approach (Ellis and Bochner 2006). Where Analytic Autoethnography involves self-observation and reflexive investigation from sources also outside of self, for validity , Emotive Autoethnography is content with the premise that the self’s own experience *is* the data (Bunde-Birouste et al. 2019). Méndez (2013) questions the level of authenticity of emotively generated data when the lack of objectivity may influence how the researcher presents themselves to the reader , however Richards (2008) in Méndez (2013) asserts that this level of agency makes Autoethnography an emancipatory discourse as the researcher is given a voice and the right to tell their experiential truth without having to wait on others or being subjected to the agendas or colonizing influence of others (Méndez 2013).

Wall (2008) observes that Autoethnographers may vary the emphasis on the three component areas of this methodology as described in Fig.1. with some, for example Ellis and Bochner. op.cit, viewing personal narrative as interchangeable with Autoethnography, and others, using the approach to link concepts in literature to the personal narrated experience (Wall 2008).

This study takes a mixed autoethnographic approach in that the data is purely from self, using an emotive ideographic case study (Bunde-Birouste et al. 2019), however this is then subjected to the interpretative analytic process which brings the study from pure biography of researcher ‘me’ and into looking at theoretical understanding involving the social processes at work (Anderson 2006). This mixed approach is justified as autoethnography being an emergent methodology, may be considered a philosophy rather than a ‘well defined method’ thus wide creative approaches can be applied in producing written works (Wall 2008).

Denzin (2016) observers that the qualitative researcher is not apolitical nor neutral, rather they experience a ‘hybrid’ reality where lived experience, history, discourse, self -understanding, interface with the larger structures and assumptions of culture, nationality, age, gender, class, and race. That they stand within and engaged with, the processes that they study, bringing themselves to the table with multiple and shifting self-identities. And while the hope is to add to the discourse, there are no guarantees, rather a safe space is sought where risks can be taken , and the movement can be back and forth between the biographical and historical, the personal and political (Denzin 2016). This also has similarities with Lather’s (2004) poststructural feminist approach however Lather works towards gaining an understanding of the world as well as working towards changing it (Lather 2004). Hawkins (1991) notes the importance of explicitly citing one’s own understanding, theories, and beliefs as a researcher, and in referencing Lather (1981) who talks of the ‘*praxis of the present’*, shows how, in a participatory worldview, we co-create and co-author our reality through influences of interrelationship and relationship, participation and interconnectedness. This includes the ecological, sacred, and spiritual dimensions of our world. Indeed, Hawkins (1991) quotes Denzin and Lincoln (2005, p. 3) as positing that ‘*much of the eighth historical moment of qualitative research is ‘concerned with moral discourse (and) the development of sacred textualities*’ (Hawkins 1991), with Denzin (1999) stating that ‘new ‘ ethnography ought to ‘*ground the self in the sense of the sacred*’ in connected dialogue with nature and the larger world environment (Denzin 1999). This aligns with the phenomenological view (Russon 2015) as well as McGilchrist (2009) who regards that there has been a ‘*tendency to discount and marginalise the importance of our embodied nature’* pg. 439. And through the dominance of the left hemisphere in processing our experience, we have neglected Spirit and the sacred (McGilchrist 2009).

Raising something of an alarm, however, Lather (2000) considers that feminist ethnographic research has, in its wish to move far from scientism, developed a romantic notion of giving voice to the voiceless, and, in notions of heroism and rescue, placed empathy, voice and authenticity front and centre. She considers how empathetic understanding can become constructed to sameness , and to argue against empathetic understanding is to question premises of the structures of shared understanding (Lather 2000). This study resists the appeal for empathy and personal connection which many emotive autoethnographers seek (Ellis and Bochner 2006; Wall 2008),rather it would trouble the assumption of knowing and identifying as being unhelpful in *‘unfixing categories’* as Lather (2000) explains. She goes further by saying the rejection of empathy can ﻿‘*set up a different economy of exchange that interrupts voyeurism and the erasure of difference*’ (Lather 2000), and that this explores the issue of the limitation of the ability to cognitive access another’s experience , or what we can experience of another. She references Sawicki (1997, p126) who uses the term ‘the riddle of intersubjectivity’ to describe this phenomenon (Lather 2000). Lather’s approach is appealing due to the nature of its rejection of labelling and categorising which is a Left hemisphere processing function (McGilchrist 2009) and action of the ‘subliminal reflex’, or habitual thinking (Nairn et al. 2019) pg. 145.

Rather than seeking connection and empathy, this study wants to be witnessed, as witnessing a personal story can contribute to discourse and truth (Denzin 2004) as ‘*stories are a gift of living testimony*’ (Ellis and Bochner 2006), which may uncover or identify other problems or issues, , or open ‘*new intellectual vistas*’ as proposed by McIlveen (2008), and may allow others to feel validated and enabled to change , as well as addressing isolation through experiencing a sense of connection (Ellis et al. 2011).

**2.4 Theoretical framework**

In this study, I draw upon the theoretical frameworks of Autoethnography, Mindfulness, Post Structural Feminism, and I start this section by looking at how Autoethnography may be positioned among and between multiple shifting frameworks according to what emerges, or What’s Popping?, through relationship and entanglements, in order to disrupt positivistic assumptions and positions. I also explore Mindfulness as Integrative and Reflexive Self Awareness (Brown et al. 2007) and finally by assuming a Post Structural Feminist worldview I consider the dominant societal narratives as well as a personal narrative.

**2.4.1 What’s Popping?**

Gannon (2006) suggests that autoethnographers, in their pursuit of evocative or provocative texts, do not reject critical or theoretical frameworks, rather positionings and identities may proliferate (Gannon 2006).

Denzin considers that Critical Inquiry Researchers’ epistemological position is in the borders area between postpostivitism and poststructuralists (Denzin 2016) while Lather (2016) would go further and view the ‘post’ shift, as being accounted for by the ontological turn, can result in the production of process of reframing theories of agency and subjectivity ‘*within intra-active, relational entanglements*’ (Lather 2016). These empowering methodologies including feminist research and ethnography, embody research as praxis in their transformative agendas which threaten the ideas of objectivity and scientific neutrality. This approach aims to disrupt the inherent ideological premises which serve the dominate binaries in gender , race , class and privilege (Lather 1986). As such, Lather asks if research can be situated in the ‘messy’ places between established grounds, where there is a flux and flow with both the movement and situatedness of margins and centres that constantly change?:The ‘*intersections of interpretation, interruption and mutuality’*? (Lather 2000).

While Lather is clear that there needs to be a demarcation of what is science, she is comfortable with the not knowing exactly what that demarcation yet lies, due to the nature of constant developments in the field, and to what is currently ‘popping’. In the same way that Ellis and Bochner (2006) differentiate between Analytic and Emotive Autoethnography in that the suggestion is that Analytic Autoethnography is seeking to arrive at a destination, while Emotive Autoethnography is really about the journey (Ellis and Bochner 2006), this comparison in objectives can be made with Lather’s approach to research as in the journey, or process or development, is an end in itself as with emotive autoethnography, rather than more positivistic positions (Lather 1986, 2000; Ellis and Bochner 2006).

Denzin considers that the onus is upon the researchers to develop their own standards , evaluations and measurements of quality alongside measurements of influence and impact, which are moral criteria which is embedded in this approach (Denzin 2016) however Morrow (2005) provides a rigorous guide to quality and trustworthiness which may be applied throughout qualitative research, and recommends that as well as grounding research in a sound theoretical base which guides research questions, that it is also grounded in an appropriate paradigm. Interestingly Morrow also includes criteria for ﻿transcendent standards i.e. that which does not fit into specific paradigms (Morrow 2005). See Figure. 2

Diagram

Description automatically generated

\*

\*Verstehen – deep empathic understanding

Figure 2. ﻿Paradigm-specific and transcendent trustworthiness criteria. Adapted from Morrow (2005)

Morrow’s approach is helpful is the self-discovery of framing and placing this research and the standards to which it adheres.

**2.4.2 Autoethnography**

﻿McIlveen (2008) has it that autoethnography can either align with the constructivism -interpretivism or the critical-ideological paradigm . Referencing Anderson (2006) McIlveen posits that analytic is the more scientific autoethnography and aligns with postpositivist and constructivist–interpretivist paradigms, whereas emotive (which they refer to as evocative) autoethnography would be placed within the ﻿critical–ideological framework. While it is remarked that both are valuable approaches, analytic autoethnography is the more traditionally scientific approach and thus, certainly in the field of psychology where McIlveen places their research, is the more comfortable option (McIlveen 2008). This is in agreement with Duncan (2004) who utilised conservative (analytic) autoethnography by delineating key issues for the sake of legitimacy and to counter the ‘*potential bias against the value of inner knowing within research culture*’. Duncan (2004) references Holt (2003) who encountered barriers to research publication when traditional criteria was not met. As Lather (2004) has remarked ‘Positivism isn’t dead’ especially for anyone who has tried to get validity for anything other than ‘traditional’ science (Lather 2004). With this in mind, this study has also adopted a cautious approach in accessing the analytical process, in order to pass the requirements of an MSc Final Project, however, recognises the criteria specified by Morrow (2005).

**2.4.3 Mindfulness**

**﻿**Mindfulness is a form of mental training which originated in Buddhist Asian over 2500 years ago, and involves cultivating experiential awareness of the present moment

﻿(Kerr et al. 2013), however there are differences in how contemporary Mindfulness and Buddhist Mindfulness interpret Mindfulness interventions , and also differences in how various Buddhist vehicles interpret Mindfulness (Van Gordon et al. 2015).

Overall, the aim of Mindfulness is that mind and body processes can be seen clearly without self-judgement (Gethin 2011) and so Mindfulness, as a training practice, also emphasises the mind—body connection (Lo et al. 2013), and improves access and clarity of sensory experiences, as well as awareness and focus (Schutte and Malouff 2011). Through various Mindfulness based Interventions, improvements in symptoms have been seen in Burnout (Testa and Sangganjanavanich 2016), Anxiety , Depression (Westphal et al. 2015) and Post traumatic Stress Disorder (Mehling et al. 2018; Conversano et al. 2020), the later three conditions having an impact on Burnout symptomatology.

**2.4.4 Post Structural Feminism**

Makaiau et al. (2019) consider that the study of self resembles some of the important principles of post-structuralist feminism, in that the invitation is to regard self in relation to other, and in relation to structures of power and authority, and to the problematization of gender. Referencing Denzin and Gairdina (2015), Makaiau et al. ibid. express the view that qualitative research as critical qualitative enquiry, which encompass the Ethnographic, the Biographic and the Phenomenological (Denzin 2016), must have a goal of addressing social justice and creating positive change for the self and the larger society (Makaiau et al. 2019). Using this approach, the potential is presented to counter and mitigate the self-indulgent elements of Emotive Autoethnography and thus is the approach adopted in this study.

Similarly the Transformative-Emancipatory paradigm seeks to explore transformation for marginalised groups including along the lines of gender (Priddis 2015) as does post-structural feminism, however the Transformative-Emancipatory paradigm explicitly includes in its criteria an interactive link between research participants and the researcher (Mertens 2012) which discounts that framework from this self-study.

As the research aim in this study is care profession transformation where barriers include a clear reluctance to engage in dialogue regarding the personal experience and healing needs of healthcare professionals (Strait and Bolman 2017), with the approach within the sector lacking warmth and support, and promoting silence on the subject (Zerubavel and Wright 2012), an autoethnographic approach counters this silence as there is much to learn from the personal transformation and growth and the professional transformation and growth that professionals go through, that can be utilized in the healing work with patients and service users, as the researcher may also be part a marginalized communitiy (Priddis 2015).

While the reluctance to acknowledge the mental and emotional experience of the healthcare workers is due to cultural and social stigma around mental health (Zerubavel and Wright 2012; Strait and Bolman 2017) it may also be influenced by the ‘fixed adult’ notion explored by McMahon (2019) using phenomenology and feminist object relation theory, as well as the power dynamics of Misogyny (Manne 2019) and Patriarchy as described in DeKeseredy (2020) drawing from Dobash and Dobash (1979), wherein ﻿men create and maintain power and leadership in society. This can be seen in the National Health Service which is a majority female profession with males in the majority of leadership roles (NHSDigital 2018). Therefore, this study will seek to increase the potential for transformation for female healthcare professionals by adding a female feminist voice to the emancipatory discourse, which is justification for the approach, as is having access to insider first person experience (Bunde-Birouste et al. 2019).

In summary, the framework of this study may be across the paradigms of constructivist–interpretivist, Mindfulness and phenomenological, Post structural feminism and critical–ideological, as a consequence of seeing and understanding with multiple shifts in centering and identity, and having brought life experience and prior knowledge to the study, with the transparency of an autoethnographers axiology (McIlveen 2008) to state intentions of transformation and emancipation, or as the Poet Marge Piercy wrote, the intention is ‘To be of use’.

I want to be with people who submerge

in the task, who go into the fields to harvest

and work in a row and pass the bags along,

who are not parlor generals and field deserters

but move in a common rhythm

when the food must come in or the fire be put out

From the poem ‘To be of use’ by Marge Piercy (Piercy 1982)

**2.5 What was done?**

A 10-week Somatic Meditation course was undertaken, and a journal was written to record the experience, with a Thematic Analysis of the journal entries conducted.

Somatic Meditation is a Mindfulness approach which aims to access what is present in the body, therefore it involves focusing on bodily sensations and bodily experience, and exploring what is discovered when the attention is paid to the body ,without a conscious agenda, prejudice or judgement (Ray 2016). The meditation course was offered online for a fee and was led by Dr Reginald Ray.

**2.5.1 Course Content**

A 10-week course was offered online by Dharma Ocean, which is the organisation led by Dr Reginal Ray.

The course consisted of 10 Units (See Appendices 2.), each unit made up of 5 elements – see Figure 3.

|  |  |
| --- | --- |
| Unit Composition |  |
| 1 x | Talk by Dr Ray of 45-60 minutes duration |
| 1x | Set of practice instructions/protocols |
| 1x | Guided practice |
| 1x | Weekly Zoom Gathering for all course attendants |
| 2 -3 | Discussion points for consideration |

Figure 3. Unit Composition for the Awakening the Body, The Way of Somatic Meditation Online Course

Addition support was also offered and undertaken, see Figure 4.

|  |  |
| --- | --- |
| Addition Content |  |
| 5 x | Tutor group Zoom Meetings |
| 2 x | 1:1 practice reviews from a Meditation Instructor |
| 2x | Follow Up Zoom Gatherings for all attendees |

Figure 4. Addition support content for the Awakening the Body, The Way of Somatic Meditation Online Course.

To fully participate on the course, 8-10 practice hours was expected, and 7+ hours per week was achieved totalling over 70+ hours of course participation.

These hours consisted of weekly listening to the talk and receiving instruction for that week, and following that, daily practice of that units’ somatic meditation for approximately 1 hour per day.

Throughout the 10-week course, a journal was kept for the recording of experience, dreams, thoughts, and considerations, which resulted in over 60 pages of data.

### The journal constitutes the main source of data, the data corpus, taken verbatim and used as an Aide-mémoire when the data/journal was revisited following a period of one month before the material was reviewed.

Journaling was used as a method of self-study which enables access to the researchers’ ‘inner life’ (Makaiau et al. 2019)

From the data corpus, a data set was extracted as themes became apparent, and each theme became a data item with which to further explore the latent content (Braun and Clarke 2006; Vaismoradi et al. 2013).

**2.5.2** **Critique**

Gannon (2006) highlights the danger of autoethnography becoming about self -absorption rather than self- reflection, and while Denzin (2016) describes qualitative research as a therapeutic approach, Gannon (2006) references Clough (2000) who warns against autoethnography as therapy and it’s use as a ‘*technology of postmodern “trauma culture*”’, however this is caveated by observing that uncomfortable reading of the researchers’ reality is not grounds for dismissal if this is the case (Gannon 2006). Méndez (2013) also comments on the potential of evocative writing to produce uncomfortable feelings within the readership, and notes that this is an unpredictable consequence (Méndez 2013) This can be due to the tendency for autoethnography to be heavily utilized in telling ‘*stories told by the body, particularly pathologized bodies’* (Gannon 2006) and this can rely on what Lather (2001) describes as ‘*the validity of tears*’ (Lather 2000).

Duncan (2004) warns against emotional writing, however this stance comes from a traditional and conservative perspective, and as she further cautions against the potential to not connect the theory with the personal experience, this again is from an analytical autoethnographic perspective. Duncan does make a valid point regarding the motivation behind conducting the research, and the ability of the researcher to be honest with themselves in this regard which may not be apparent initially (Duncan 2004). While Phenomenologists use ‘bracketing’ in order to set aside the researchers’ predispositions and implicit assumptions as they become aware of them during the research process, Morrow (2005) argues that the possibility to fully become aware of one’s presuppositions is not achievable, however the use of journaling and reflexivity may aid this process (Morrow 2005) which was the approach taken in this research.

Gannon (2006) is also concerned with the ability and limitations of the researcher to expose themselves honestly and intimately, and how this self-disclosure can expose ethical questions which may be hard to answer thus rendering further complexities to this methodology Gannon (2006), however utilising a sense of agency, responsibility, and ownership, with a clear willingness to tell one’s own story, this research aims to bypass the possible contortions of ethical complexity and risk, when research is undertaken as praxis.

McIlveen (2008) considers that autoethnography suffers from the lack of generalizability, however in opposition to this, Ellis et al. (2011) regard that generalizability applies to reader rather than the autoethnographer (Ellis et al. 2011).

Other issues that may represent an incomplete or biased representation of the findings include:

* Paying for content – Due to the fact that there was a fee attached to attending the 10-week course, this may present a disposition or expectation to ‘achieve results’ in order to experience ‘value for money’.
* Predisposition to favouring somatic meditation / Dharma Ocean method- having been signposted to the Dharma Ocean Organisation by tutors of the MSc Studies In Mindfulness, and having listen to podcast by Reggie Ray, there may be a preference or positive bias to this method which can result in being more open to positive results and discounting no, or negative results.
* Withholding sensitive information – Due to the personal nature, some content of the Journals has been excluded therefore this may represent an incomplete picture of the research.

**Chapter 3 Findings**

The findings are represented in 5 main themes as data items which were extracted from a coded content analysis. The themes which will be explored are as follows:

1. Past
2. Shame
3. Somatization
4. Transformation
5. Agency

The journal entries from the 10-week period were re-read after two months. From the Data Corpus (see Appendix 3) Journal entry sentences and paragraphs were studied to extract the key concepts. These were then further coloured coded to identify key themes which emerged.

See theme table Figure 5 below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Past memory, Release, Humiliation, Shame, Equanimity, Change, Positivity, People from past, dead people, Relief, Aching, Beathing, Heart pain, Energy, Emotional, Stuck, Shame, Body, Shame, Change, Belly breathing, Mind saying, Holding, Past memories, Belly Relaxation, Comfort, Physical pain, Heart and chest, General anxiety, Physical sensations Body speaking, Surrender, Self-Confidence, Equanimity, Flow, Agency, Detachment, Freedom, Rich complexity, Self -regulation, Female, Gendered Behaviour, Belly, Fear, Tension, Choice, Frozen, Past | | | | |
| Agency | Transformation | Past | Somatization | Shame |

Figure 5. Theme Table

The themes have been arranged to be discussed in the order shown below in Figure 6. Theme Diagram. This is not representative of how the themes emerged as the experience was cyclical rather than linear, although there was a general sense of forward movement which is indicated by the arrows.

Figure 6. Theme Diagram

* + 1. **PAST**

The body as a repository of experience

*‘Ultimately, happiness comes down to choosing between the discomfort of becoming aware of your mental afflictions and the discomfort of being ruled by them. I can’t promise you that it will always be pleasant to simply rest in the awareness of your thoughts, feelings, and perceptions, and to recognize them as interactive creations between your own mind and body. In fact, I can pretty much guarantee that looking at yourself this way will be, at times, extremely unpleasant.’* (Swanson and Mingyur Rinpoche 2010, pg 240 )

*‘…suffering is the soil in which wisdom and compassion grow; it is the school from which we graduate, committed to healing others’ hurt’* (Gordon 2019, pg 2)

Journal Entry Week 1

*‘Dream: A doorway. Freaked out. I don’t want to go upstairs. To the front of the house although I know it will be ok. Like I am freaking myself out. ALARM which doesn’t have to be there. It is a choice.’*

Entry into the domain of the body is not without trepidation and the anticipation of pain, which I seem to be feeling in the above journal entry which was the recollection of a dream. It has been acknowledged that part of the journey to increased self-realisation includes a ‘falling apart’ (Ray 2014, pg 187), or in my case, and a ‘freaking out’, and may be very uncomfortable as described by Buddhist Meditation Master Mingyur Rinpoche in the former quote (Swanson and Mingyur Rinpoche 2010). However, this can also result in wisdom and useful experience which can be shared with others as shown by Gordon (2019) in the later quote above.

My dream occurred at the start of the 10-week course Somatic Meditation Course, and with regards to brain structures, it appears to reference access to the mid and prefrontal cortex as I expressed ‘*I don’t want to go upstairs. To the front of the house although I know it will be ok.*’, which is somewhat the location of the mid and prefrontal cortex in relation to the head, and these have a role in bringing subtle body awareness into the conscious mind (Dahl et al. 2015; Farb et al. 2015; Gibson 2019).

According to Jung, dreams can be an expression of current concerns in the dreamer’s life, and usually reveal something of the unconscious process taking place (Jung 1967), however Ray (2014) points out that towards the end of his own life, Jung stated that he no longer had to rely on dreams as the unconscious spoke to him, as in he received information directly from accessing his body’s experience, however without developed interoception from a lifetime of practice as Jung presumably had, it may be, as Ray expresses, that ‘Dreams are the language of the body’ (Ray 2014, pg 231).

Practice One: Ten Points (see appendix 3 for description of practices) had been introduced and approximately 7 hours had been dedicated over the course of the first week where I was following the guided meditation protocol, narrated by Reggie Ray.

This is the basic and fundamental somatic protocol which involves locating tension within the body , and ‘inhabiting’ that tension which according to Ray (2016) is ‘*super imposed by our conscious orientation’* (Ray 2016, pg. 41).

The experience which I recorded, following repeated 10 Points practice leads me to write that I become aware of:

‘*tension in various parts of my body and it is excruciating’.*

Tension is the physical restriction of the body from emotions which are held back and held within according to Van Der Kolk (2014) in his book ‘The Body Keeps The Score’ (Van Der Kolk 2014). Ray (2016) describes this as a hardening of the body so that it no longer feels. However, when physical tension is released, the emotions which the tension is holding back, can be released. When this does not happen, and stressors are still perceived, stress activation patterns cycle against the organism creating further stress hormones and keeping the body in inappropriate sympathetic nervous system activation which can become chronic tension holding patterns (Young 2008; Van Der Kolk 2014)

With regards to directing attention, Farb et al. (2007) through magnetic imaging to show brain structures, were able to identify two areas of neural circuitry relating to focused attention that are normally coupled. However through Mindfulness attention training, the two networks showed separation with one the ‘narrative focus’ network being associated with the story of self through time , while the ‘experiential focus’ network, became associated with brain structures enabling self-awareness in the body, in the present moment (Farb et al. 2007). Van der Kolk (2014) advocated Mindfulness practice as he claimed this can mitigate the stress response, and restore equilibrium specifically via the Mid Prefrontal Cortex which is the area of the brain that Farb et al. associated with experiential focus, and present moment awareness , as opposed to the self-referencing narrative , or conceptual history of self (Farb et al. 2007; Van Der Kolk 2014). Ray (2016) relates how Somatic Meditation is the turning to the ‘*raw somatic reality of the viscera felt sense’* , rather than turning to the disembodied and abstract conceptual map of self (Ray 2016).

Experiential focus can also uncouple fused circuitry of default patterns as previously mentioned by Kerr et al. (2013) and also relates to bottom up, or sensory, emotional systems activation as previously discussed (Chiesa et al. 2013; Vandekerckhove 2020) and can therefore enable a relaxation of layers and levels of tension (Ray 2016).

Previously I was not aware of this tension in my body as it had become a chronic holding pattern which I had become numbed to. This aligns with description of disembodied states where there is a disconnection from feelings from within the body (Mehling et al. 2009; Van Der Kolk 2014), and results in chronic holding of tension as explored by Body Psychotherapist Wilhelm Reich in his Reichian Therapy (Young 2008).

My experience was that the tension began to change through the repeating the 10 Point practice:

Journal Entry Week 2

‘*I am ‘undoing’ myself layer by layer, section by section. And every layer reveals a thousand more layers. But somehow, like fascia, one area of undoing influences every part of me’.*

This is a description of emotional layers but also physical layers of tension being recalibrated which fundamentally can change the structure of the body (Levin and Martin 2007; Ray 2016) . The emotional landscape is changing through achieving biological completion of emotions, and enabling further memories and emotions to resolved (Payne et al. 2015) which gave way to a realisation:

*‘Can frozen stress responses really have been held in me for 40 years? Am I carrying this around, stuck, like the Tin man in Wizard of Oz? Terrified to reveal the fleshy living, raw experience underneath the ‘tin’?’*

Here I am becoming increasingly aware and astonished at what appeared to be older and unresolved childhood incomplete emotional reactions , which have been trapped , frozen by fear or thwarted (Van Der Kolk 2014), and which I have built up as ‘armour’ in self-protection from feelings encountered out in the world. This is a common survival adaptive strategy as when developmental needs are not met, maladaptive responses of protection are created in order to feel safe (Van Der Kolk 2014).

My reaction is also indicative of become more aware of my ‘lived body’ which had previously been ‘absent’ from my day to day experience, which is common in disembodied individuals (Mehling et al. 2011), and is the embodied experience referred to by Merleau-Ponty Russon (2015)

Disembodiment can happen as the embodiment process is disrupted in its unfolding (Mehling et al. 2011) as when an infant’s needs are not being met, this can result in suboptimal adaptation throughout the development stages, such as in weaning, where boundaries of separation become established and would ideally be at the pace of the infant’s ability to handle frustration and pain encountered from interaction with the world as shown by McMahon (2019) who describes how ‘*Emotions are not personal, private affairs but inhabit the space of the world itself*,’ (McMahon 2019). Western cultural approaches to child-rearing can result in time and task pressures which means that the infant’s needs are balanced with what is convenient (Mahon-Daly and Andrews 2002) ﻿and while the care-givers relationship with the infant then influences the child’s patterns of behaviour for a life time (Cockburn 2013), we are in an age of complex and insecure boundaries around role and identity (Van Wolputte 2004) which can impact pressures on care-givers , which is exacerbated by loss of support from extended families and tribes (McGilchrist 2009; Harari 2014) resulting in proximal separation perceived by the infant to be as real separation (Maté 2018).

The impact of early years is addressed in Unit 6 of the 10-week course, which is titled

##### **‘Implications of Somatic Meditation and Trauma’** and aims to address *‘the way* *in which meditation contributes to human psychological health’ (see appendix 2)* and references ‘*our assumptions from our earliest years’* and how this influences how we then relate to the world.

A journal entry from week 6 / Unit 6 indicates the start of awareness of these early adopted relating strategies:

*‘I am tormented by my own experience. Is this really inside of me? This unlived child?’*

Through focussed attention and interoceptive awareness, Schwarz and Schwenkler (2018) consider that somatic healing can occur as the body ‘knows’ what should have happened but did not. Mehling et al. (2011)﻿ describe this knowing as ‘*an awareness of embodiment as an innate tendency of our organism for emergent self-organization and wholeness*’(Mehling et al. 2011). Schwarz and Schwenkler (2018) regard that the disruption of emergent embodiment can result in what they term ‘survival terror’ as the overt or covert somatic responses, which are due to the disrupted attachment/attunement through infant dependency needs being unmet. Originating in the midbrain, these ‘frozen layers’ manifest with cognitive beliefs which can include:

I am going to die,

I do not exist,

I fail as a human,

I am unloved.

These beliefs and accompanying emotions can be encapsulated in the nervous system which holds pre-natal as well as pre verbal and generational memories and experiences (Schwarz and Schwenkler 2018). Gilbert and Procter (2006) also describe how infant human survival evolved through dependency on caregivers and so when mis attunement occurs, the infant brain registers a major survival threat. Then the emotional mind develops a survival strategy which becomes an automatic and ultimately , unhelpful response, such as shame , which *can have a powerful inhibitory effect on information processing* (Gilbert and Procter 2006).

.

* + 1. **Shame**

Shame has been described as a primitive emotion which may have had more relevance in earlier humans with less evolved cognitive and emotional faculties, (Corrigan and Elkin-Cleary 2018). While there is no agreed definition of shame Gilbert and Procter (2006) identify that it involves two key components

1. One’s thoughts and feelings related to how others perceive you negatively, an external shame
2. Internal negative self-perception with self-devaluation and self-criticism.

When these two aspects are fused together ‘*there is no safe place either inside or outside the self to help soothe or calm the self’* (Gilbert and Procter 2006)*.*

Journal Entry Week 4

*‘Posture*

*I have a sense of pain above my navel. Not being able to breath freely. Then sense of holding, then shame. I was often shamed as a child. Holding it in’*

Where Gilbert and Procter (2006) and (Neff 2011a) use Compassion training to address issues around shame , the Somatic Meditation approach is to sense the direct experience without the cognitive filter or need for labelling. Ray (2020b), in a talk on the course on 7th October Talk (week 4) refers to where the boundary of the body and unconscious is, where the shadows and darkness of our bodies resides, which the ego mind tries to keep a distance from as this is problematic and painful territory. He remarks that there is as negative an attitude to the unconscious in the West as there is to the body, and that more than any time in history, humans engage in avoidance and addiction, which results in chronic tension and freezing against experience (Ray 2020b). My reaction to becoming aware of shame is fear:

*‘Is it safe? Terrified to come into the body’*

Gilbert and Choden (2015)describe how often shame hides us from others , but also hides us from ourselves as it is a principle source of emotional avoidance, and can reside in the dark unconscious as described by Ray (2020b) as it is the rejected part of self. Through becoming aware of shame, often what emerges is the assault on the sense of connection, the soothing and assimilation/attunement through the nervous system (Gilbert and Choden 2015). This reinforces the idea that human acceptance and belonging is key to positive emotional wellbeing (Gilbert and Procter 2006; Neff 2011a; Albertson et al. 2015; Gilbert and Choden 2015) which has added dimensions in women due to societal aesthetic expectations and norms (Neff 2011b).

Journal Entry Week 5

*‘I realise that tight clothes hurt because I am holding in my stomach. All the time. I have a memory of being very young in primary school and wearing a leotard, being a little mouse in my little leotard but ‘fretting’ because my little pot belly stuck out. I was disconcerted that I didn’t have the ‘look’. The ballet looks of the girls with their straight lines, flat at the front. I felt less. Wrong. Not overweight but just the wrong shape’*

*‘Even when pregnant I remember being remarked upon- big as a truck. Mocked for my shape’*

*‘Body dissatisfaction is a major source of suffering in women of all ages’,* and *﻿‘ female Body shame is so common place in the West as to be a ‘normative discontent’* write Albertson et al. (2015) with the ﻿socio-cultural environment, objectification theory and ﻿internalized cultural body ideals (Cassone et al. 2016) contributing to internalised body shame. Brown (2006) asserts that the sociocultural expectations placed on woman are from a narrow interpretations of who *women are “supposed’ to be* , with roles and identity being imposed or enforced, with women feeling entangled and trapped in a ‘shame web’ (Brown 2006) which can result in lack of connection and denial. Stark (2019) observes how the denial of one’s own reality, which Freudenberger saw as the central component of Burnout, constitutes an internalised gaslighting which aligns with concepts around shame and the hidden and rejected part of self (Gilbert and Procter 2006; Gilbert and Choden 2015; Ray 2020b). Stark widens the influence of gaslighting to include social systems and argues that gaslighting of women is ‘*widely practiced*’ in the collective phenomena of misogyny, and the psychological oppression of women ﻿living with enforced patriarchal norms and internalised inferiority (Manne 2019), which stems from stereotyping, sexual objectification and cultural domination (Stark 2019), whereby throughout the lifecycle women’s body shame can be reinforced, as in around puberty with menstruation shaming (Schooler et al. 2005), and again with the medicalization and embarrassment/shame that some women can experience in breastfeeding their babies (Mahon-Daly and Andrews 2002) for example.

Harari (2014) observes that Humans live in a dual objective reality of body and nature versus the imagined orders which create society (Harari 2014) and where according to McGilchrist (2009) the imagined orders have dominated, as we see with patriarchy, and this has resulted in conceptualisation and deconstruction of the body. This ‘devitalisation’ has occurred through self-consciousness and analysis with loss of embodied traditions and rituals (McGilchrist 2009).

This has resulted in what Ray (2020b) posits as a narrowing of the field of human experience to what is acceptable, which is sanitised, filtered, manicured, and processed. To counter the imposed imagined realities such as Patriarchy (Harari 2014; Stark 2019) and increase connection and belonging, Ray (2016) utilises a practice to shift perspective and achieve a sense of grounding and relationship with the Earth, in what he calls Earth Descent (See Appendix 3).

This practise involves releasing all bodily tension downwards to access a deep, warm, safe and nurturing space where any pain and hurt can be offered to the earth (Ray 2016) which activates the soothing and affiliation emotional regulation system and elicits feelings of being safe and connected (Gilbert and Choden 2015) which can counter feelings of shame, which were more suited and relevant in primitive ancestorial social structures when there was a need to explicitly show rank, or hide, within the social hierarchy (Corrigan and Elkin-Cleary 2018).

* + 1. **Somatization**

Journal Entry Week 5

*I feel like the nerves are coming awake in my head and that is why it is so sore. I called the doctor as I wanted to check that I didn’t have a brain tumour*

Somatization is a complex concept which is more commonly reported than previously assumed, and is often related to anxiety or depressive disorders (Haller et al. 2015; Lanzara et al. 2019). It is the experience of pain or discomfort that does not have a medical explanation and so crosses the borders between psychological and physical ill health (Gureje et al. 1997). Mehling et al. (2011) give an explanation from a body awareness therapy viewpoint: that the body becoming symptomatic is an expression of tension or disunity between the body and the self. However this is qualified by the view that there is no separation between the body and the mind/self, and that *‘the ‘body’ of body awareness is inseparable from its functions and all other aspects of self-awareness’*, and that body awareness is ‘*a core aspect of embodied self-awareness’* (Mehling et al. 2011) . This concept has been investigated extensively by many, such as the ﻿phenomenological philosopher ﻿Merleau-Ponty, who’s view along with others, rejects body mind duality and the Cartesian legacy, but rather explores the complexities of body-mind interactions (Mehling et al. 2011; Russon 2015; Clay 2017; Keller 2020).

My experience of following the somatic practises where, rather than avoiding tension and pain, awareness goes inside of the unpleasant experience, and releases it from ‘inside’ (Ray 2016), which resulted in a distressing exacerbation of neuralgic head and face pain. While somatic pain can be influenced by expectation and fear of pain (Gureje et al. 1997) , so too can portions of the pain matrix can be primed through anticipation and catastrophising, and in women there is a correlation with somatization pain and feelings around rejection (Borkum 2010). This is interesting in light of what could be described as a social shame reflex in women, and the role of shame and societal rejection (Brown 2006; Gilbert and Procter 2006; Corrigan and Elkin-Cleary 2018).

There is also the possibility that an ‘unfreezing’ and relaxation of tension can precipitate regeneration of neural pathways as the conscious mind connects with the bodily experience (Ray 2016, 2020b) and neuropathic pain can result from neurons attempting to regenerate axons that have been damaged (Borkum 2010).

Towards the end of the course, I experienced pain around the heart:

Journal entry Week 9

*‘How can I have such a physical pain in my chest, that is caused by my mind?*

*It seems impossible yet the pain is very real. Condensed, almost metal, metal plates around my heart and chest’*

This may represent subcortical activation in the heart-head bidirectional vagus nerve which is a key component in emotional regulation and social interaction (Colzato et al. 2017). An unfreezing of the ‘*metal plates’* around the heart and chest could correspond to the deactivation of chronic sympathetic nervous system response (fight/flight/freeze/feign), and activation of afferent heart organ feedback which may ‘*amplifying the possibility of approaching what is here in the moment in both intra- and intersubjective experience’* (Ie et al. 2014 pg. 1097), as the heart centre has become of more interest to neuroscientists in their dialogue with Mindfulness traditions which give prominence to the psychophysical anatomy centred around the heart, representing a ‘bottom up’ approach (Baker 2019). It has been shown that vagus nerve and afferent feedback from bodily organs exercises influence over emotional, perceptual and cognitive process thus enabling self-regulation over physiological and emotional states (Mccraty 2003). With opening awareness of the bidirectional feedback, Ray (2014) considers that this can lead to the experience of finally ‘*waking up and feel our own life fully, after all these years’* (Ray 2014, pg. 190).

* + 1. **Transformation**

To make the biggest transformation in our lives we to need to relax (Sumedho 1987). Ray (2016) emphasises this by quoting the 13th centaury Zen Buddhism Master Dōgen who is recorded as saying ‘*Let the mind and the body fall away’* (Ray 2016 pg. 115). What is being referred to here is the conceptual map of the body and the *‘reactive emotional/mental processe*s’ of mind. When we relax and disengage the thinking processes, we can become aware of the internal belief systems that we may have and challenge the ‘truth’ of them. Ray describes this as give up the authority of ego and allowing the authority of the body to speak (Ray 2016, 2020b). The effectiveness of this approach is confirmed by others such as in Byron Katie’s method of self -inquiry ‘The Work’ (Katie 2021) which involves questioning self-beliefs and rather than exploring through cognitive processes, values what answers arise from ‘body wisdom‘ (Smernoff et al. 2015), and Dr Gabor Maté’s method of Compassionate Inquiry which involves allowing people to see what stories they are telling themselves about themselves, and how they can let go of the hold that their damaging core beliefs have on them (Maté 2021). Ray (2020b) calls this allowing the body to disconfirm the ‘*traumatised version of reality’* (Ray 2020b)by allowing the feelings that were interrupted and halted by the traumatic event , to achieve biological completion (Ray 2016, pg. 51).

Throughout the 10-week course I begin to experience deep levels of relaxation:

Journal Entry Week 7

*‘I don’t think I have ever felt so deliciously, heavily relaxed in my body- waking up on a Sunday morning. I am questioning if I have actually ever felt this way before? I was heaven’*

While having the ability to feel secure and relaxed, I am also able to review some deeply held beliefs about myself, the roles I have taken in life and in work. I become aware of deep insecurity and binary thinking, allocating the role of *good guy or bad guy* to myself and others as:

Journal Entry Week 8

*‘I need absolutes- shades of grey are too dangerous as there may be a danger of rejection’*.

This appears to be a product of inhibitory mental and emotional processing which manifests in attempting to control, labelling and categorise every experience, which is a habitual pattern of ‘grasping’ at my experiences (Russon 2015) and making them fit how I am , rather than how they are. I become aware of my greatest fears which are around rejection and not belonging, however I am able to come back to the sensory experiences of groundedness within my body when feelings become overwhelming. This is a process that Levine (2015) calls ‘pendulation’ and is described by Ray (2016) as a gentle way to begin to assimilate and integrate unconscious material by becoming aware of the discomfort or painful feelings, but return to the body or halt the practice. Ray (2016) considers this a key tool and principle in his work in teaching Somatic Meditation (Ray 2016 pg 48)

* + 1. **Agency**

Van Der Kolk (2014) suggests that agency starts with interoception, and knowing what we feel, as chronic stress and trauma can shut down the ‘inner compass’. By ignoring, suppressing, or being disconnected from the ‘*inner cries for help’*, (Van Der Kolk 2014, pg. 97) stress hormones will mobilise the body regardless as we have seen in the somatising mechanisms (Vagni et al. 2020). Becoming aware of what is present in the body, subtle shifts and sensations, is to learn to become safe in the body and befriend the body (Van Der Kolk 2014). This is a further dismantling of the conceptual constructions which define our identity with its cognitive overlay (Ray 2016; Hinton 2020) and enables a deeper understanding and insight into the motivations and behaviours which facilitate how we are in the world (Nairn et al. 2019).

Through completing daily practise and increased interoceptive awareness, I begin to see how some of my core believes were driving my choices in work and relationships:

Journal Entry Week 9

*‘Looking for connection, feeling like an outsider, always on the outside, protecting my inner self from rejection. Don’t know how to relate to people – is this why I chose CARING? Allowed in, in intimacy. Have a role, have a purpose, fixer, giver, power, needed, wanted. prioritising work relationships.’*

Seeing these internal dynamics, I am able to consider my motivations for staying in a role which has ceased to give me happiness or satisfaction, and which was manifesting in a degree of Burnout symptoms which were far greater than I had allowed myself to appreciate before. My acknowledgement and ability to ‘see’ that I was looking for connection, and to feel empowered and to ‘fix’ caused a profound change in my attitude to work and to myself. For those working in caring professions, it has been well investigated how a primary motivating factor for that choice of profession can come from past experiences of suffering and hurt, and experiences of woundedness as a child (Maunder et al. 2010; Zerubavel and Wright 2012).

This insight enabled a change in my approach to work initially where I felt less emotionally exhausted and more engaged:

Journal Entry Week 10

*I am feeling A LOT better about work. I feel like ‘yeah, I got this’.*

*I can put the energy in the right places when it needs it. I don’t have to be full pedal to the metal all the time.*

I was also able to better regulate my emotions:

*I made a big mistake at work and while I was embarrassed initially- I didn’t beat myself up for ages or obsess over self-recrimination. I swiftly tried to resolve what could be fixed and moved on. This is a HUGE change.*

And accept compliments:

*a compliment by a service user…I didn’t get SO uncomfortable or embarrassed. I stood in it. Equanimity.*

However, ultimately it dawned on me that I was not being fulfilled in my role any longer, and it was not challenging me to grow and develop the skills in transformational work that I was passionate about developing. It also became apparent to me that I was investing time and energy into holding the emotional space for others as a method of avoidance from addressing my own emotional woundedness and emotional needs.

I realised that I had a choice whether I stayed in this job or not, and while I had previously felt a great emotional attachment to the job and the service users, I realised that I needed to let go, and move on. The morning that I allowed myself to acknowledge this, I began looking for another job and found one which had a closing date for application on that very day. I started my job search and applied for a role on Thursday and was offered the job on Monday evening. This very much makes me think that there may be some truth in what the American Author Joseph Campbell said in a YouTube video that I watched:

*‘I say follow your bliss and don’t be afraid, and doors will open doors where you didn’t know they were going to be’* (Campbell 2020)

**3.2 Key Findings**

The key findings of this autoethnographic study are that Mindfulness approaches which are based on increasing interoception and interoceptive networks, can expose bodily tension. This tension can be chronic holding patterns of ‘frozen’ stress responses which may have evolved in infancy and childhood. Through MBI approaches such as Somatic Meditation which increase interoception, emotions are enabled to achieve biological completion which then positively affects the emotional regulation system and increases agency and a positive self-view. While the study was aiming to look at the effect of Somatic Meditation on Burnout symptoms, it transpired that the key result was achieving agency and clarity enough to recognise previously unconscious emotional woundedness which was a motivational factor for having the workplace role, and ultimately, through personal transformation, seeing that this was then a job mismatch. This enabled transformation and change to take place to achieve a more suitable and fulfilling role in a different organisation which resulted in the disappearance of the symptoms of Burnout.

Further research would need to be done to ascertain if Burnout symptoms improved with practicing Somatic Meditation while staying in the same role.

**3.3 Emerging Issues**

**3.3.1 Belonging**

This issue was indicted in the first R.A.I.N. practise referenced in the Introduction (pg6) where I have recorded:

* *I am alone most of the time in my home office with no-one to talk to*

Through my researchit emerged that there is significant impact and importance to include a sense of belonging and connection in relation to Burnout. In relation to the workplace environment, psychological safety and social cohesion has been shown to be associated positively with Burnout symptom mitigation (Grandey et al. 2013; Wiederhold et al. 2018). Also , in reference to practicing Mindfulness, it is common to have emotionally difficult experiences and so the development of compassionate communities (Gilbert and Choden 2015, pg.198) is key for support . A sense of belonging counters feelings of rejection , and the associated shame.

**3.3.2 Shame**

The experience of feelings of Shame was also an emergent theme. This can be viewed as a pervasive Western cultural phenomenon which, by its very ‘hiding’ nature (Gilbert and Procter 2006) is under explored within our societies. Shame has been called the ‘*scourge of the West’* (Choden and Regan-Addis 2018, pg. 135). The Tibetan Spiritual leader, His Holiness The Dalai Lama, was allegedly shocked at the levels of self -hatred and shame he encountered when first visiting Western countries, with Mental health conditions and suicide being linked to feelings of shame (Gilbert and Choden 2015, pg.61) and there may be a further layer of complexity with regards to gender with the gaslighting of women’s experiences and testimony (Stark 2019) and bodily image issues (Albertson et al. 2015). There is also a relationship between levels of Burnout and stigma regarding seeking help and interventions , with higher levels of Burnout correlated to more stigma, so compounding shame and emotional difficulties (Endriulaitiene et al. 2016).

**3.3.3 Dreams**

While there is recognition of the relationship between Mindfulness and Sleep (Simione et al. 2020), and Mindfulness and lucid dreaming (Stumbrys and Erlacher 2017), this study found that remembering and journaling dreams was a significant aspect of the journey through the Somatic Meditation course, and on reflection , the dreams indicated aspects of initial disembodiment, for example:

Journal Entry 8th October

Dream

*Going through an unknown and potentially (?) dangerous route through a town. Seeing a dead dog. But it is breathing. It’s so subtly still alive. So it needs attention. Then two disembodied dogs. Heads only breathing. Where are the bodies?*

The use of Dreams for insight and transformative experiences was an unexpected consequence and may be related to the level of engagement with the Somatic Meditation practice as Mindfulness skills may be linked to the ability to remember dreams (Reed 1978; Schredl et al. 2016).

**3.3.4 Agency**

Perhaps the most impactful theme that emerged in this study was that of gaining self-mastery and authority through agency. Having witnessed the habitual patterns of cognitive overlay, and biologically completed unresolved emotional experiences, I was able to access and experience self-guidance and emotional self-regulation which resulted in the decision to leave a post. Self-reflection through the mechanism of metacognition is a key aspect of Mindfulness (Grabovac et al. 2011)﻿, which enables agency as

“*The metacognitive capability to reflect on oneself and the adequacy of one’s capabilities, thoughts, and actions is the most distinctly human core property of agency*” (Bandura 2018). Freed from false concepts of self through insight, a more authentic way of being was glimpsed which facilitated increased agency.

**Chapter 4**

**Discussion and conclusion**

The aim of this study was initially to approach Burnout from a conceptual viewpoint with the hope that some evidence would suggest that Somatic Meditation may be a useful Mindfulness Based Intervention approach. What transpired was that the researcher found herself to be highly burned out and emotional exhausted in her workplace role. Through Somatic Meditation, an interoceptive approach to Mindfulness, a key concept to emerge in this study was the discovery of layers of frozen or disrupted emotional responses and the physical layers of tension which accompany this, which impact on a sense of safety within the body and out with in the surroundings. Corrigan and Elkin-Cleary (2018) talk from a psychotherapeutic point of view about the necessity of accessing healing through somatic approaches that take place at a deep level of body awareness, which will enable the processing of painful memories residual from early adversity. Whither from willful or benign misattunement, interoceptive acuity is necessary to untangle the complex effects of past negative actions on the nervous system (Corrigan and Elkin-Cleary 2018).

Dr Gabor Maté (Maté 2018) talks extensively about this phenomena and looks at a mechanism with which visceral safety is achieved in early childhood development. Attunement (Maté 2018) with the intimate other care giver (McMahon 2019), is achieved through reciprocal interaction through mirroring (Thompson and Varela 2001), where the feeling of being understood and accepted, is present. In early brain development, if the infant is satisfied that the intimate other care giver is experiencing a similar state of mind then the emotional self-regulatory apparatus develops optimally as it is dependent on intersubjectivity (Thompson and Varela 2001; Ferrari and Gallese 2007; Duranti 2010) where the infant is seen, understood, empathized with and ‘gotten’ on an emotional level. Maté (2018), in agreement with Ferrari and Gallese (2007) explains that it is absence of mirror neuron stimulation that will impact attunement, and so the emotional-regulatory areas of the brain will have suboptimal development. This lack of emotional engagement from the intimate other results in proximate separation, with the levels of physiological stress in the infant approaching levels similar to if there was a physical separation, and there is evidence that as the infant grows , they will experience lifelong elevated stress hormones (Maté 2018,pg 240) as the infant brain has registered an existential threat (Gilbert and Procter 2006) due to humans having evolved to be completely dependent upon others for survival (Van Der Kolk 2014).

With increasing pressures on intimate others, childrearing without the support of a tribe, village, close knit community, or extended family, and loss of histories and knowledge around childcare practices with shared understandings, stories , rituals and meanings (Van Wolputte 2004; McGilchrist 2009; Harari 2014) making mis-attuned caregiver- child interactions increasing normal, with a concomitant difficulty in research as to how can a phenomena be explored that didn’t happen but should have? (Maté 2018).

The increased pressures on infant caregiving could be explained by what Van Wolputte (2004) explores, in agreement with Harari (2014), that in postmodern late capitalist western society , the tradition boundaries in culture, society and gender have become insecure , leading to the fragmentation of self, ‘*alienation and havoc’*, compounded by the information overload of postmodern culture. This has led to ‘*an epidemic of multiple personality disorder’*  (Van Wolputte 2004) and what Ray (2016) calls ‘*pernicious disembodiment’* (Ray 2016).

As Năstasă and Fărcaş (2015) found that Burnout was more acutely experienced by women due to the higher score of emotional exhaustion , with men scoring higher in depersonalisation (Năstasă and Fărcaş 2015), this may be evidence of what Brown (2020) looked at with the societal and moral expectation that which is placed on women which has been termed the ‘Human Giver Syndrome’ (Brown 2020). Unlike Freudenberger (Freudenberger 1989; Fontes 2020), Brown (2020) does not examine early childhood or family origins, but looks more at the female experience in a patriarchal society and the expectations placed on women. Manne (2019) working in the tradition of analytic moral philosophy, examines these expectations and ‘*asymmetric moral support roles’* which see women being drawn into, via the mechanism of patriarchy and inherent societal misogyny, and the consequences of vilification when women attempt to reject these roles (Manne 2019) where there is an expectation to continue to be in a caring role (Revenson et al. 2016, pg. 52). This combined with a significant level of body shame in women (Albertson et al. 2015), which prevents access to an internal as well as external ‘safe space’ (Gilbert and Procter 2006) makes it all the more important for women to achieve agency (Payne et al. 2015) which can then facilitate support and self-care.

This research found Burnout created a disconnect from bodily sensations, people, and the wider environment. What we also see in modern western culture, according to McGilchrist (2009) is that we are becoming increasingly removed from the natural environment, including the body, and its cycles and rhythms, which are being replaced with non-living, inert surfaces (McGilchrist 2009). An example of this is the destruction of natural environment and the loss of biodiversity which has catastrophic effects on the impact on disease transmission to humans worldwide (Keesing et al. 2010). This then becomes the world to which we are habituated. It is ﻿‘*a world intrinsically shaped by the actions of those who preceded us*’ (Russon 2015), which also has a biological component through attachment and attunement as shown by (Maté 2018). We are therefore encountering a ‘*responsive evocation*’ which is neither an objective reality nor an invented subjective reality, rather it is the process of ‘*the world calling forth something in me that in turn calls forth* *something in the world* ‘ (McGilchrist 2009 pg. 133). Shaw (2004) argues for the importance of calling forth the body, or return it from where it is being placed ‘out in the cold’ (Shaw 2004).

While the researcher experienced disembodiment, there was also a lack of language and a disconnect to express feelings, sensations and emotions. McGilchrist (2009) shows how the brain’s left hemisphere, which has become dominate in present day Western culture, does not have access to the emotional and physical self, or the ability to process the body and its relationship to the environment or other social functions, which is the domain of the right hemisphere (Devinsky 2000), and does not have access to contexts, metaphors and narratives which are necessary for the implicit meaning which is available to the right hemisphere (McGilchrist 2009). It has been shown how important, powerful and helpful metaphors are in the language of the body and the emotions (Cameron and Maslen 2010; Ortiz and Sibinga 2017) . While the Left hemisphere can link together proposed suggestions of meaning with literal language to create explicit meaning as it has access to language, the right hemisphere literally does not have a voice (McGilchrist 2009) therefore cannot relate the direct non- conceptual experience (Ray 2016) thus Western culture currently disregards metaphor as lies, myth or fables (McGilchrist 2009). This makes it increasingly harder for people to access and communicate their bodily lived experience with any validity as there is ﻿sociocultural marginalization and cultural dismissal of somatic and embodied processes (Sultan 2017). There is also the tendency to pathologize emotional or somatic experiences (Lewis-fernandez and Kleinman 1994; Brown 2006) which may have the effect of further disinhibiting the language and metaphor of the body (Kövecses 2003). However what is interesting is the term ‘Burnout’ is itself a metaphor which is widely used, and the use of metaphors in an interviewing technique has been shown to be positively related to a reduction in Burnout symptoms (Johnson Carissimo 2020).

This makes it increasingly important for practices such as Somatic Meditation to be utilised, as it facilitates right hemisphere engagement (Ray 2016, pgs. 22-24) as it is through our emotional prompts that we become aware of our inner needs , knowing and intution (Levine 2015) and can serve as chanels to connection with ourselves, and wider interconnection and ﻿interconnectedness, described ﻿by Buddhist Monk and Peace Activist, Thích Nhất Hạnh, as ‘interbeing’ (Sieber 2015).

Somatic Meditation is therefore , a reconnection with self , and with the wider environment, using the body’s innate experience to faciliate these connections.

**4.1 Implications and Recommendations**

Through this study, Somatic Meditation was found to be a powerful and transformative vehicle with a positive relationship to wellbeing and emotional self-regulation. This implies that it is a suitable approach as a MBI for those experiencing the symptoms of Burnout, however this is caveated by the need for a robust emotional and psychological support system to be in place for the duration of a Somatic Meditation course and afterwards if needed.

Through my transformational journey recorded in this study, I moved from being a Health Care Professional supporting people one to one, amongst other wider roles in Sexual Health education, to now working in Organisational Development for the NHS. The remit of my current role is to aid a culture change within the NHS to a more compassionate, nurturing, and caring culture. This is being done through a number of facilitated trainings for NHS staff, aiming to cultivate emotional intelligence, strategies for emotional regulation, and Burnout awareness particularly as we come out of the Covid 19 pandemic. For me, I feel that I am now aiming to always be an embodied practitioner who, through my lived experience, authentically knows the value of relating to the body, and ‘holding space’ for what the body needs to do. These principles and approaches are shared widely with my colleagues, and I have been cultivating a network of similar minded practitioners as we work together, with a shared language, understanding and goal, to improve the psychological wellbeing of our NHS colleagues.

**4.2 Reflections**

In this final chapter, I wish to reflect on the research journey and its outcome.

For myself, the use of Autoethnography has very much added to the transformative journey and enhanced my self-understanding. Though I initially thought I was approaching Burnout mostly from a conceptual position, referencing a past experience of mild emotional exhaustion/overwhelm whilst training to be a nurse, I hadn’t anticipated that I was in fact experiencing Burnout at the point of the start of Somatic Meditation course and the research, as shown in my reflection in a journal:

9th March Journal Entry

*‘I didn’t think it would be hard like this to look over my journal. And experience. Seeing the enormity of it all. That place in time. Realising how difficult it actually was for me’.*

10th March

*‘I feel very emotional and tearful, for me. I feel like I need to acknowledge all this, now that it is a little safer to do so, from a distance?’*

This aspect of my journey into Somatic Meditation may have been lost if I had not been ‘forced’ to reread my journals and reflections for my autoethnographic study. For me, this was an aspect of the biological completion of emotions, and something of a closure. Through these reflections after a period of something like grieving for my wounded Burnout self , I was able to move through the ‘tunnel of emotions’ (Brown 2020) have these final reflections:

*I feel like I can stand in the rich, complex, messy, hot field of human existence and not be overpowered by it. I can move into the human sphere and be ok there.*

*In sailing, when there is a strong wind or storm, we reef in the sails, or put up a storm sail. I feel a bit like that. How much do I expose in strong emotions? I can reef and keep heading in the right direction. I don’t need to be knocked down. Meditation and the body is my reefed sail.*

**﻿**More research is need which would seek to replicate these findings, which a control or comparison with other MBI that are not so Somatic and Interoceptive focussed maybe used, to further explore the mechanisms involved in change. The particular nature of autoethnography would increase the difficulty in replication of the study, as well as issues around resilience for accessing and investigating sensitive and serious emotional concerns, however for me this experience was transformational and deeply moving and resulted in a continuing positive wellbeing trajectory

**References**

ALBERTSON, E.R., NEFF, K.D., and DILL-SHACKLEFORD, K.E., 2015. Self-Compassion and Body Dissatisfaction in Women: A Randomized Controlled Trial of a Brief Meditation Intervention. *Mindfulness*, vol. **6**, no. 3, pp. 444–454, [Available from: DOI 10.1007/s12671-014-0277-3].

ALESSANDRI, G., PERINELLI, E., DE LONGIS, E., SCHAUFELI, W.B., THEODOROU, A., BORGOGNI, L., CAPRARA, G.V., and CINQUE, L., 2018. Job burnout: The contribution of emotional stability and emotional self-efficacy beliefs. *Journal of Occupational and Organizational Psychology*, vol. **91**, no. 4, pp. 823–851, [Available from: DOI 10.1111/joop.12225].

ANDERSON, L., 2006. Analytic autoethnography. *Journal of Contemporary Ethnography*, vol. **35**, no. 4, pp. 373–395, [Available from: DOI 10.1177/0891241605280449].

ANLAYO, B., 2020. Somatics of Early Buddhist Mindfulness and How to Face Anxiety. *Mindfulness*, vol. **11**, no. 6, pp. 1520–1526, [Available from: DOI 10.1007/s12671-020-01382-x].

BAKER, I., 2019. Tibetan Yoga Principles and Practices by Ian Baker at The Buddhist Society 6th April 2019. [online]. *The Buddhist Society* Available from: https://www.youtube.com/watch?v=KGGQpJalh5E [viewed 23 May 2021].

BAKKER, A.B. and DE VRIES, J.D., 2021. Job Demands–Resources theory and self-regulation: new explanations and remedies for job burnout. *Anxiety, Stress and Coping*, vol. **34**, no. 1, pp. 1–21, [Available from: DOI 10.1080/10615806.2020.1797695].

BANDURA, A., 2018. Toward a Psychology of Human Agency: Pathways and Reflections. *Perspectives on Psychological Science*, vol. **13**, no. 2, pp. 130–136, [Available from: DOI 10.1177/1745691617699280].

BEBLO, T., PELSTER, S., SCHILLING, C., KLEINKE, K., IFFLAND, B., DRIESSEN, M., and FERNANDO, S., 2018. Breath Versus Emotions: The Impact of Different Foci of Attention During Mindfulness Meditation on the Experience of Negative and Positive Emotions. *Behavior Therapy*, vol. **49**, no. 5, pp. 702–714, [Available from: DOI 10.1016/j.beth.2017.12.006].

BISHOP, S.R., LAU, M., SHAPIRO, S., CARLSON, L., ANDERSON, N.D., CARMODY, J., SEGAL, Z. V., ABBEY, S., SPECA, M., VELTING, D., and DEVINS, G., 2004. Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, vol. **11**, no. 3, pp. 230–241, [Available from: DOI 10.1093/clipsy/bph077].

BORKUM, J.M., 2010. Chronic headaches and the neurobiology of somatization. *Current Pain and Headache Reports*, vol. **14**, no. 1, pp. 55–61, [Available from: DOI 10.1007/s11916-009-0084-z].

BRACH, T., 2018. The Rain of Self-Compassion. [online] Available from: https://www.tarabrach.com/selfcompassion1/ [viewed 2 December 2018].

BRACH, T., 2019. Feeling Overwhelmed? Remember “RAIN”. [online]. *Mindful* Available from: https://www.mindful.org/tara-brach-rain-mindfulness-practice/ [viewed 8 May 2021].

BRAUN, V. and CLARKE, V., 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, vol. **3**, no. 2, pp. 77–101, [Available from: DOI 10.1191/1478088706qp063oa].

BROWN, B., 2006. Shame resilience theory: A grounded theory study on women and shame. *Families in Society*, vol. **87**, no. 1, pp. 43–52, [Available from: DOI 10.1606/1044-3894.3483].

BROWN, B., 2020. Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle. [online]. *Unlocking Us - Brené Brown Podcast* Available from: https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/ [viewed 23 March 2021].

BROWN, K.W., RYAN, R.M., and CRESWELL, J.D., 2007. TARGET ARTICLEMindfulness: Theoretical Foundations and Evidence for its Salutary Effects, vol. **18**, no. 4, pp. 1–27, [Available from: DOI 10.1080/10478400701598298].

BUNDE-BIROUSTE, A., BYRNE, F., and KEMP, L., 2019. Anne Bunde-Birouste, Fiona Byrne, and Lynn Kemp 30 Contents 1, pp. 509–526.

CAMERON, L. and MASLEN, R., eds., 2010. *Metaphor Analysis Research Practice in Applied Linguistics, Social Sciences and the Humanities*. Place: Sheffield . Publisher: Equinox Publishing.

CAMPBELL, J., 2020. Follow Your Bliss. [online]. *The Campbell Foundation* Available from: https://www.youtube.com/watch?v=s28rwnz18j4 [viewed 22 May 2021].

CASSONE, S., LEWIS, V., and CRISP, D.A., 2016. Eating Disorders The Journal of Treatment & Prevention Enhancing positive body image: An evaluation of a cognitive behavioral therapy intervention and an exploration of the role of body shame, [Available from: DOI 10.1080/10640266.2016.1198202].

CHATHAM-CARPENTER, A., 2010. ‘Do Thyself No Harm’: Protecting ourselves as autoethnographers. *Journal of Research Practice*, vol. **6**, no. 1, pp. 1–13.

CHIESA, A., SERRETTI, A., and JAKOBSEN, J.C., 2013. Mindfulness: Top-down or bottom-up emotion regulation strategy? *Clinical Psychology Review*, vol. **33**, no. 1, pp. 82–96, [Available from: DOI 10.1016/j.cpr.2012.10.006].

CHODEN and REGAN-ADDIS, H., 2018. *Mindulness Based Living Course*. Place: Alresford, Hampshire . Publisher: John Hunt Publishing Ltd.

CLAY, M., 2017. Abundant Body Narratives: Re-Visioning the Theological Embodiment of Women through Feminist Theology and Art as a Way of Flourishing. *Feminist Theology*, vol. **25**, no. 3, pp. 248–256, [Available from: DOI 10.1177/0966735017693969].

COCCHIARA, R., PERUZZO, M., MANNOCCI, A., OTTOLENGHI, L., VILLARI, P., POLIMENI, A., GUERRA, F., and LA TORRE, G., 2019. The Use of Yoga to Manage Stress and Burnout in Healthcare Workers: A Systematic Review. *Journal of Clinical Medicine*, vol. **8**, no. 3, p. 284, [Available from: DOI 10.3390/jcm8030284].

COCKBURN, H.W., 2013. *The Somatic Relationship Between Mind-Body Therapists and Their Parents: A Grounded Theory Study*.

COLZATO, L.S., SELLARO, R., and BESTE, C., 2017. Darwin revisited: The vagus nerve is a causal element in controlling recognition of other’s emotions. *Cortex*, vol. **92**, pp. 95–102, [Available from: DOI 10.1016/j.cortex.2017.03.017].

CONVERSANO, C., CIACCHINI, Ŕ., ORRÙ, G., DI GIUSEPPE, M., GEMIGNANI, A., and POLI, A., 2020. Mindfulness, compassion, and self-compassion among health care professionals: What’s new? a systematic review. *Frontiers in Psychology*, vol. **11**, p. 1683, [Available from: DOI 10.3389/fpsyg.2020.01683].

CORRIGAN, F.M. and ELKIN-CLEARY, E., 2018. Shame as an evolved basic affect – Approaches to it within the Comprehensive Resource Model (CRM). *Medical Hypotheses*, vol. **119**, no. June, pp. 91–97, [Available from: DOI 10.1016/j.mehy.2018.07.028].

DAHL, C.J., LUTZ, A., DAVIDSON, R.J., AVENUE, H., and NEUROSCIENCE, L., 2015. Reconstructing and deconstructing the self: Cognitive mechanisms in meditation practice. *Trends in Cognitive Sciences*, vol. **19**, no. 9, pp. 515–523, [Available from: DOI 10.1016/j.tics.2015.07.001].

VAN DAM, N.T., VAN VUGT, M.K., VAGO, D.R., SCHMALZL, L., SARON, C.D., OLENDZKI, A., MEISSNER, T., LAZAR, S.W., KERR, C.E., GORCHOV, J., FOX, K.C.R., FIELD, B.A., BRITTON, W.B., BREFCZYNSKI-LEWIS, J.A., and MEYER, D.E., 2018. Mind the Hype: A Critical Evaluation and Prescriptive Agenda for Research on Mindfulness and Meditation. *Perspectives on Psychological Science*, vol. **13**, no. 1, pp. 36–61, [Available from: DOI 10.1177/1745691617709589].

DEKESEREDY, W.S., 2020. Bringing Feminist Sociological Analyses of Patriarchy Back to the Forefront of the Study of Woman Abuse. *Violence Against Women*, [Available from: DOI 10.1177/1077801220958485].

DENZIN, N.K., 1999. Interpretive ethnography for the next century. *Journal of Contemporary Ethnography*, vol. **28**, no. 5, pp. 510–519, [Available from: DOI 10.1177/089124199129023631].

DENZIN, N.K., 2004. The war on culture, the war on truth. *Cultural Studies - Critical Methodologies*, vol. **4**, no. 2, pp. 137–142, [Available from: DOI 10.1177/1532708603256627].

DENZIN, N.K., 2016. Critical Qualitative Inquiry. *Qualitative Inquiry*, vol. **23**, no. 1, pp. 8–16, [Available from: DOI 10.1177/1077800416681864].

DEVINSKY, O., 2000. Right Cerebral Hemisphere Dominance for a Sense of Corporeal and Emotional Self. *Epilepsy and Behavior*, vol. **1**, no. 1, pp. 60–73, [Available from: DOI 10.1006/ebeh.2000.0025].

DUARTE, J. and PINTO-GOUVEIA, J., 2016. Effectiveness of a mindfulness-based intervention on oncology nurses’ burnout and compassion fatigue symptoms: A non-randomized study. *International Journal of Nursing Studies*, vol. **64**, pp. 98–107, [Available from: DOI 10.1016/j.ijnurstu.2016.10.002].

DUNCAN, M., 2004. Autoethnography: Critical Appreciation of an Emerging Art. *International Journal of Qualitative Methods*, vol. **3**, no. 4, pp. 28–39, [Available from: DOI 10.1177/160940690400300403].

DURANTI, A., 2010. Husserl, intersubjectivity and anthropology. *Anthropological Theory*, vol. **10**, nos. 1–2, pp. 16–35, [Available from: DOI 10.1177/1463499610370517].

ELLIS, C., ADAMS, T.E., and BOCHNER, A.P., 2011. Autoethnography: An Overview 1. *FORUM: QUALITATIVE SOCIAL RESEARCH*, vol. **12**, no. 1.

ELLIS, C., ADAMS, T.E., ELLIS, C., and ADAMS, T.E., 2014. *The Purposes, Practices, and Principles of Autoethnographic Research*. *The Oxford Handbook of Qualitative Research*.

ELLIS, C.S. and BOCHNER, A.P., 2006. Analyzing analytic autoethnography: An autopsy. *Journal of Contemporary Ethnography*.

ENDRIULAITIENE, A., ZARDECKAITE– MATULAITIENE, K., and RASA MARKSAITYTE, A., 2016. Burnout and Stigma of Seeking Help in Lithuanian Mental Health Care Professionals, pp. 254–265, [Available from: DOI 10.15405/epsbs.2016.07.02.25].

ESAKI, N. and LARKIN, H., 2013. Prevalence of adverse childhood experiences (ACEs) among child service providers. *Families in Society*, vol. **94**, no. 1, pp. 31–37, [Available from: DOI 10.1606/1044-3894.4257].

FARB, N., DAUBENMIER, J., PRICE, C.J., GARD, T., KERR, C., DUNN, B.D., KLEIN, A.C., PAULUS, M.P., and MEHLING, W.E., 2015. Interoception, contemplative practice, and health. *Frontiers in Psychology*, vol. **6**, no. JUN, pp. 1–26, [Available from: DOI 10.3389/fpsyg.2015.00763].

FARB, N.A.S., SEGAL, Z. V., MAYBERG, H., BEAN, J., MCKEON, D., FATIMA, Z., and ANDERSON, A.K., 2007. Attending to the present: Mindfulness meditation reveals distinct neural modes of self-reference. *Social Cognitive and Affective Neuroscience*, vol. **2**, no. 4, pp. 313–322, [Available from: DOI 10.1093/scan/nsm030].

FARBER, B.A., MANEVICH, I., METZGER, J., and SAYPOL, E., 2005. Choosing psychotherapy as a career: Why did we cross that road? *Journal of Clinical Psychology*, vol. **61**, no. 8, pp. 1009–1031, [Available from: DOI 10.1002/jclp.20174].

FERRARI, P.F. and GALLESE, V., 2007. *Mirror neurons and intersubjectivity*. *Advances in consciousness research*.

FLINDERS, T., OMAN, D., and FLINDERS, C.L., 2007. *The eight-point program of passage meditation: Health effects of a comprehensive program.* *Spirit, science, and health: How the spiritual mind fuels physical wellness.*

FONTES, F.F., 2020. Herbert J. Freudenberger e a constituição do burnout como síndrome psicopatológica. *Memorandum: Memória e História em Psicologia*, vol. **37**, no. December, [Available from: DOI 10.35699/1676-1669.2020.19144].

FREUDENBERGER, H.J., 1989. Burnout. *Loss, Grief & Care*, vol. **3**, nos. 1–2, pp. 1–10, [Available from: DOI 10.1300/J132v03n01\_01].

GANNON, S., 2006. The (im)possibilities of writing the self-writing: French poststructural theory and autoethnography. *Cultural Studies - Critical Methodologies*, vol. **6**, no. 4, pp. 474–495, [Available from: DOI 10.1177/1532708605285734].

GETHIN, R., 2011. On some definitions of mindfulness. *Contemporary Buddhism*, no. 12:01, pp. 263–279.

GIBSON, J., 2019. Mindfulness, Interoception, and the Body: A Contemporary Perspective. *Frontiers in Psychology*, vol. **10**, no. September, [Available from: DOI 10.3389/fpsyg.2019.02012].

GILBERT, P. and CHODEN, 2015. *Mindful Compassion. Using the Power of Mindfulness and Compassion to Transform our Lives*. Papeback. Place: London . Publisher: Robinson.

GILBERT, P. and PROCTER, S., 2006. Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology and Psychotherapy*, vol. **13**, no. 6, pp. 353–379, [Available from: DOI 10.1002/cpp.507].

GOODMAN, M.J. and SCHORLING, J.B., 2012. A Mindfulness Course Decreases Burnout and Improves Well-Being among Healthcare Providers. *The International Journal of Psychiatry in Medicine*, vol. **43**, no. 2, pp. 119–128, [Available from: DOI 10.2190/PM.43.2.b].

GORDON, J.., 2019. *The Transformation: Discovering Wholeness and Healing After Trauma*. Place: New York . Publisher: HarperCollins.

VAN GORDON, W., SHONIN, E., GRIFFITHS, M.D., and SINGH, N.N., 2015. There is Only One Mindfulness: Why Science and Buddhism Need to Work Together. *Mindfulness*, vol. **6**, no. 1, pp. 49–56, [Available from: DOI 10.1007/s12671-014-0379-y].

GRABOVAC, A.D., LAU, M.A., and WILLETT, B.R., 2011. Mechanisms of Mindfulness: A Buddhist Psychological Model. *Mindfulness*, vol. **2**, no. 3, pp. 154–166, [Available from: DOI 10.1007/s12671-011-0054-5].

GRANDEY, A., FOO, S.C., GROTH, M., and GOODWIN, R.E., 2013. Free to be you and me: A climate of authenticity alleviates burnout from emotional labor. *Journal of Occupational Health Psychology*, vol. **17**, no. 1, pp. 1–14, [Available from: DOI 10.1037/a0025102].

GRIFFITH, A.K., 2020. Parental Burnout and Child Maltreatment During the COVID-19 Pandemic. *Journal of Family Violence*, [Available from: DOI 10.1007/s10896-020-00172-2].

GUREJE, O., SIMON, G.E., USTUN, T.B., and GOLDBERG, D.P., 1997. Somatization in Cross-Cultural Perspective : *Am J Psychiatry*, vol. **154:7**, no. July, pp. 989–995.

HALLER, H., CRAMER, H., LAUCHE, R., and DOBOS, G., 2015. Somatoforme störungen und medizinisch unerklärbare symptome in der primärversorgung: Systematischer review und metaanalyse der prävalenzen. *Deutsches Arzteblatt International*, vol. **112**, no. 16, pp. 279–287, [Available from: DOI 10.3238/arztebl.2015.0279].

HANLEY, A.W., MEHLING, W.E., and GARLAND, E.L., 2017. Holding the body in mind: Interoceptive awareness, dispositional mindfulness and psychological well-being. *Journal of Psychosomatic Research*, vol. **99**, pp. 13–20, [Available from: DOI 10.1016/j.jpsychores.2017.05.014].

HARARI, Y.N., 2014. *Sapiens. A Brief History of Humankind*. Place: London . Publisher: Penguin Random House.

HAWKINS, K., 1991. Addressing Lather ’ s concerns : Practicing in research endeavours what is preached in theoretical formulations. *Reason*.

HEINEMANN, L. V. and HEINEMANN, T., 2017. Burnout research: Emergence and scientific investigation of a contested diagnosis. *SAGE Open*, vol. **7**, no. 1, [Available from: DOI 10.1177/2158244017697154].

HINTON, D., 2020. *China Root: Taoism, Ch’an and original Zen*. First. Place: Boulder . Publisher: Shambhala.

IE, A., NGNOUMEN, C.T., and LANGER, E.J., 2014. *The Wiley Blackwell Handbook of Mindfulness*. The Wiley Blackwell Handbook of Mindfulness.

JOHNSON CARISSIMO, M., 2020. Rewriting burnout as metaphor. *Metaphor and the Social World*, vol. **10**, no. 2, pp. 320–337, [Available from: DOI 10.1075/msw.00009.joh].

JOYCE, J., 2020. Ashram pilgrimage and Yogic Peace Education curriculum development: an autoethnographic study. *Journal of Peace Education*, vol. **00**, [Available from: DOI 10.1080/17400201.2020.1818064].

JUNG, C.G., 1967. *The Collected Works of C.G. Jung (Vol. 8)*. Place: Princeton . Publisher: Princeton University Press.

KABAT-ZINN, J., 2004. *Full catastrophe living: How to cope with stress, pain and illness using mindfulness meditation, London: Piatkus*. 2004th edition. Place: London . Publisher: Piatkus.

KALANI, S.D., AZADFALLAH, P., OREYZI, H., and ADIBI, P., 2018. Interventions for Physician Burnout: A Systematic Review of Systematic Reviews Abstract. *International Journal of Preventive Medicine*, vol. **9**, no. 81, [Available from: DOI 10.4103/ijpvm.IJPVM].

KATIE, B., 2021. The Work. [online] Available from: https://thework.com/ [viewed 21 May 2021].

KEESING, F., BELDEN, L.K., DASZAK, P., DOBSON, A., HARVELL, C.D., HOLT, R.D., HUDSON, P., JOLLES, A., JONES, K.E., MITCHELL, C.E., MYERS, S.S., BOGICH, T., and OSTFELD, R.S., 2010. Impacts of biodiversity on the emergence and transmission of infectious diseases. *Nature*, vol. **468**, no. 7324, pp. 647–652, [Available from: DOI 10.1038/nature09575].

KELLER, K.G., 2020. The body as machine and the lived body in nursing. *Collegian*, vol. **27**, no. 2, pp. 238–244, [Available from: DOI 10.1016/j.colegn.2019.07.008].

KEMPER, K.J. and KHIRALLAH, M., 2015. Acute Effects of Online Mind–Body Skills Training on Resilience, Mindfulness, and Empathy. *Journal of Evidence-Based Complementary and Alternative Medicine*, vol. **20**, no. 4, pp. 247–253, [Available from: DOI 10.1177/2156587215575816].

KERR, C.E., SACCHET, M.D., LAZAR, S.W., MOORE, C.I., and JONES, S.R., 2013. Mindfulness starts with the body: Somatosensory attention and top-down modulation of cortical alpha rhythms in mindfulness meditation. *Frontiers in Human Neuroscience*, vol. **7**, no. JAN, pp. 1–15, [Available from: DOI 10.3389/fnhum.2013.00012].

VAN DER KOLK, B., 2014. *The Body Keeps the Score: Mind , Brain and Body in Transformation of Trauma*. Place: London . Publisher: Penguin Books.

VAN DER KOLK, B., 2017. How Trauma Lodges in the Body. [online]. *On Being Podcast* Available from: https://podcasts.apple.com/gb/podcast/bessel-van-der-kolk-how-trauma-lodges-in-the-body/id150892556?i=1000460827623 [viewed 10 May 2021].

KÖVECSES, Z., 2003. *Metaphor and emotion: Language, Culture and Body in Human Feeling*. Place: Cambridge . Publisher: Cambridge University Press.

KRASNER, M.S., EPSTEIN, R.M., BECKMAN, H., SUCHMAN, A.L., CHAPMAN, B., MOONEY, C.J., and QUILL, T.E., 2009. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA - Journal of the American Medical Association*, vol. **302**, no. 12, pp. 1284–1293, [Available from: DOI 10.1001/jama.2009.1384].

LAMOTHE, M., RONDEAU, É., MALBOEUF-HURTUBISE, C., DUVAL, M., and SULTAN, S., 2016. Outcomes of MBSR or MBSR-based interventions in health care providers: A systematic review with a focus on empathy and emotional competencies. *Complementary Therapies in Medicine*, vol. **24**, pp. 19–28, [Available from: DOI 10.1016/j.ctim.2015.11.001].

LANZARA, R., SCIPIONI, M., and CONTI, C., 2019. A clinical-psychological perspective on somatization among immigrants: A systematic review. *Frontiers in Psychology*, vol. **9**, no. JAN, [Available from: DOI 10.3389/fpsyg.2018.02792].

LATHER, P., 1986. *Issues of Validity in Openly Ideological Research: Between a Rock and a Soft Place* 1986.

LATHER, P., 2000. Against empthy, voice and authenticity. *Voice in Qualitative Inquiry: Challenging Conventional, Interpretive, and Critical Conceptions in Qualitative Research*, no. 4, pp. 16–26, [Available from: DOI 10.4324/9780203891889].

LATHER, P., 2004. *CRITICAL INQUIRY IN QUALITATIVE RESEARCH*. In: K. DeMarrais and D. Lapan, Stephen, eds. *Foundations for Research*. Place: New Jersey . Publisher: Lawrence Erlbaum Associates, Inc.,.

LATHER, P., 2016. Top ten+ list: (Re)thinking ontology in (post)qualitative research. *Cultural Studies - Critical Methodologies*, vol. **16**, no. 2, pp. 125–131, [Available from: DOI 10.1177/1532708616634734].

LEMCHE, E., SURGULADZE, S.A., GIAMPIETRO, V.P., ANILKUMAR, A., BRAMMER, M.J., SIERRA, M., CHITNIS, X., WILLIAMS, S.C.R., GASSTON, D., JORASCHKY, P., DAVID, A.S., and PHILLIPS, M.L., 2007. Limbic and prefrontal responses to facial emotion expressions in depersonalization. *NeuroReport*, vol. **18**, no. 5, pp. 473–477, [Available from: DOI 10.1097/WNR.0b013e328057deb3].

LEVIN, I. and STOKES, J.P., 1989. Dispositional approach to job satisfaction: Role of negative affectivity. *Journal of Applied Psychology*, vol. **74**, no. 5, pp. 752–758, [Available from: DOI 10.1037/0021-9010.74.5.752].

LEVIN, S.M. and MARTIN, D., 2007. *BIOTENSEGRITY- THE MECHANICS OF FASCIA* 2007.

LEVINE, P.., 2015. *Trauma and Memory: Brain and Body in a search for a living past*. Place: Berkeley . Publisher: North Atlantic Books.

LEWIS-FERNANDEZ, R. and KLEINMAN, A., 1994. Culture , Personality , and Psychopathology. *Journal of Abnormal Psychology*, vol. **103**, no. 1, pp. 67–71.

LLOYD, C., KING, R., and CHENOWETH, L., 2002. Social work, stress and burnout: A review. *Journal of Mental Health*, vol. **11**, no. 3, pp. 255–265, [Available from: DOI 10.1080/09638230020023642].

LO, H.H.M., NG, S.M., CHAN, C.L.W., LAM, K.F., and LAU, B.H.P., 2013. The Chinese medicine construct ‘stagnation’ in mind-body connection mediates the effects of mindfulness training on depression and anxiety. *Complementary Therapies in Medicine*, vol. **21**, no. 4, pp. 348–357, [Available from: DOI 10.1016/j.ctim.2013.05.008].

LUDICK, M. and FIGLEY, C.R., 2017. Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. *Traumatology*, vol. **1**, no. 3, pp. 112–123.

MAHON-DALY, P. and ANDREWS, G.J., 2002. Liminality and breastfeeding: Women negotiating space and two bodies. *Health and Place*, vol. **8**, no. 2, pp. 61–76, [Available from: DOI 10.1016/S1353-8292(01)00026-0].

MAKAIAU, A.S., RAGOONADEN, K., LENG, L., MANGRAM, C., and TOYODA, M., 2019. The Handmaid’s Tale: Using Literature and Online Journaling to Facilitate a Self-Study of Feminist Identity in an International Research Collective. *Studying Teacher Education*, vol. **15**, no. 3, pp. 334–354, [Available from: DOI 10.1080/17425964.2019.1669553].

MANNE, K., 2019. *Down Girl: The Logic of Misogyny*. Place: London . Publisher: Penguin Random House.

MATÉ, G., 2018. *In the Realm of the Hungry Ghosts: Close encounters with Addiction*. Place: London . Publisher: Penguin Random House.

MATÉ, G., 2021. Compassionate Inquiry. [online] Available from: https://compassionateinquiry.com/the-approach/ [viewed 21 May 2021].

MAUNDER, R.G., PELADEAU, N., SAVAGE, D., and LANCEE, W.J., 2010. The prevalence of childhood adversity among healthcare workers and its relationship to adult life events, distress and impairment. *Child Abuse and Neglect*, vol. **34**, no. 2, pp. 114–123, [Available from: DOI 10.1016/j.chiabu.2009.04.008].

MCCRATY, R., 2003. *The Making of Emotions*. Place: Boulder Creek . Publisher: Institute of HeartMath.

MCEWEN, B.S., 2016. In pursuit of resilience: stress, epigenetics, and brain plasticity. *Annals of the New York Academy of Sciences*, vol. **1373**, no. 1, pp. 56–64, [Available from: DOI 10.1111/nyas.13020].

MCGILCHRIST, I., 2009. *The Master and his Emissary: The Divided Brain and the making of the Western World*. 2019th edition. Place: New Haven and London . Publisher: Yale University Press.

MCILVEEN, P., 2008. Autoethnography as a Method for Reflexive Research and Practice in Vocational Psychology. *Australian Journal of Career Development*, vol. **17**, no. 2, pp. 13–20, [Available from: DOI 10.1177/103841620801700204].

MCMAHON, L., 2019. “The Separation That is Not a Separation But a Form of Union”: Merleau-Ponty and Feminist Object Relations Theory in Dialogue. *Human Studies*, vol. **43**, no. 1, pp. 37–60, [Available from: DOI 10.1007/s10746-019-09528-0].

MEHLING, W.E., CHESNEY, M.A., METZLER, T.J., GOLDSTEIN, L.A., MAGUEN, S., GERONIMO, C., AGCAOILI, G., BARNES, D.E., HLAVIN, J.A., and NEYLAN, T.C., 2018. A 12-week integrative exercise program improves self-reported mindfulness and interoceptive awareness in war veterans with posttraumatic stress symptoms. *J. Clin. Psychol*, vol. **74**, pp. 554–565, [Available from: DOI 10.1002/jclp.22549].

MEHLING, W.E., GOPISETTY, V., DAUBENMIER, J., PRICE, C.J., HECHT, F.M., and STEWART, A., 2009. Body awareness: Construct and self-report measures. *PLoS ONE*, vol. **4**, no. 5, p. 5614, [Available from: DOI 10.1371/journal.pone.0005614].

MEHLING, W.E., WRUBEL, J., DAUBENMIER, J.J., PRICE, C.J., KERR, C.E., SILOW, T., GOPISETTY, V., and STEWART, A.L., 2011. Body Awareness: A phenomenological inquiry into the common ground of mind-body therapies. *Philosophy, Ethics, and Humanities in Medicine*, vol. **6**, no. 1, pp. 1–12, [Available from: DOI 10.1186/1747-5341-6-6].

MÉNDEZ, M.G., 2013. Autoethnography as a research method: Advantages, limitations and criticisms. *Colombian Applied Linguistics Journal*, vol. **15**, no. 2, p. 279, [Available from: DOI 10.14483/udistrital.jour.calj.2013.2.a09].

MERTENS, D.M., 2012. Transformative Mixed Methods: Addressing Inequities. *American Behavioral Scientist*, vol. **56**, no. 6, pp. 802–813, [Available from: DOI 10.1177/0002764211433797].

MIKOLAJCZAK, M.; GROSS, J.J.; ROSKAM, I., 2016. PARENTAL BURNOUT Parental Burnout: What Is It and Why Does It Matter? In press at. *Clinical Psychological Science*, pp. 1–32.

MONTEIRO, L.M., MUSTEN, R.F., and COMPSON, J., 2015. Traditional and Contemporary Mindfulness: Finding the Middle Path in the Tangle of Concerns. *Mindfulness*, vol. **6**, no. 1, [Available from: DOI 10.1007/s12671-014-0301-7].

MORROW, S.L., 2005. Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, vol. **52**, no. 2, pp. 250–260, [Available from: DOI 10.1037/0022-0167.52.2.250].

NAIRN, R., 1999. *Diamond Mind, A Psychology of Meditation*. 1st edition. Place: Boulder . Publisher: Shambhala.

NAIRN, R., CHODEN, and REGAN-ADDIS, H., 2019. *From Mindfulness to Insight*. 1st edition. Place: Boulder . Publisher: Shambhala.

NĂSTASĂ, L.-E. and FĂRCAŞ, A.D., 2015. The Effect of Emotional Intelligence on Burnout in Healthcare Professionals. *Procedia - Social and Behavioral Sciences*, vol. **187**, pp. 78–82, [Available from: DOI 10.1016/j.sbspro.2015.03.015].

NEFF, K.D., 2011a. Self-compassion, self-esteem, and well-being. *Social and Personality Psychology Compass*, vol. **5**, no. 1, pp. 1–12, [Available from: DOI 10.1111/j.1751-9004.2010.00330.x].

NEFF, K.D., 2011b. *Self Compassion : stop beating yourself up and leave insecurity behind*. Place: London . Publisher: Hodder & Stoughton.

NHSDIGITAL, 2018. Narrowing of NHS gender divide but men still the majority in senior roles. [online]. *Digital.NHS.uk* Available from: https://digital.nhs.uk/news-and-events/latest-news/narrowing-of-nhs-gender-divide-but-men-still-the-majority-in-senior-roles [viewed 9 October 2020].

NHSEMPLOYERS, 2019. Stress and its impact on the workplace. [online] Available from: Stress is believed to account for over 30 per cent of sickness absence in the NHS, costing the service £300-400 million per year. The latest NHS annual survey found that over 38 per cent (36 per cent in 2016) of NHS staff reported that they had suffered f [viewed 29 April 2021].

ORTIZ, R. and SIBINGA, E., 2017. The Role of Mindfulness in Reducing the Adverse Effects of Childhood Stress and Trauma. *Children*, vol. **4**, no. 3, p. 16, [Available from: DOI 10.3390/children4030016].

PASSI, V., 2014. Developing resilience throughout the continuum of medical education. *Perspectives on Medical Education*.

PAYNE, P., LEVINE, P.A., and CRANE-GODREAU, M.A., 2015. Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, vol. **6**, no. FEB, [Available from: DOI 10.3389/fpsyg.2015.00093].

PEREA, C.S., PATERNINA, A.C., GOMEZ, Y., and LATTIG, M.C., 2012. Negative affectivity moderated by BDNF and stress response. *Journal of Affective Disorders*, vol. **136**, no. 3, pp. 767–774, [Available from: DOI 10.1016/j.jad.2011.09.043].

PRIDDIS, H.S., 2015. Autoethnography and severe perineal trauma-an unexpected journey from disembodiment to embodiment. *BMC Women’s Health*, vol. **15**, no. 1, pp. 1–10, [Available from: DOI 10.1186/s12905-015-0249-3].

RAY, R.A., 2014. *Touching Enlightenment: Finding Realisation in the body*. Place: Boulder . Publisher: Sounds True.

RAY, R.A., 2016. *The Awakening Body: somatic meditation for discovering our deepest life*. 1st Editio. Place: Boulder . Publisher: Shambhala.

RAY, R.A., 2020a. What is Somatic Meditation? [online] Available from: https://www.dharmaocean.org/meditation/somatic-meditation/ [viewed 3 May 2021].

RAY, R.A., 2020b. Awakening the Body : 10 week Somatic Meditation Course Talks.

REED, H., 1978. Improved dream recall associated with meditation. *Journal of Clinical Psychology*, vol. **34**, no. 1, pp. 150–156, [Available from: DOI 10.1002/1097-4679(197801)34:1<150::AID-JCLP2270340133>3.0.CO;2-1].

REVENSON, T.A., GRIVA, K., LUSZCZYNSKA, A., MORRISON, V., PANAGOPOULOU, E., VILCHINSKY, N., and HAGEDOORN, M., 2016. *Caregiving in the illness context*. Caregiving in the Illness Context.

RUSSON, J., 2015. *Self and Suffering in Buddhism and Phenomenology: Existential Pain, Compassion and the Problems of Institutional Healthcare*. *Cultural Ontology of the Self in Pain*. Place: New Delhi . Publisher: Springer India.

SCHOOLER, D., WARD, L.M., MERRIWETHER, A., and CARUTHERS, A.S., 2005. Cycles of shame: Menstrual shame, body shame, and sexual decision-making. *Journal of Sex Research*, vol. **42**, no. 4, pp. 324–334, [Available from: DOI 10.1080/00224490509552288].

SCHREDL, M., STUMBRYS, T., and ERLACHER, D., 2016. Dream recall, nightmare frequency, and spirituality. *Dreaming*, vol. **26**, no. 1, pp. 1–9, [Available from: DOI 10.1037/drm0000015].

SCHUTTE, N.S. and MALOUFF, J.M., 2011. Emotional intelligence mediates the relationship between mindfulness and subjective well-being. *Personality and Individual Differences*, vol. **50**, no. 7, pp. 1116–1119, [Available from: DOI 10.1016/j.paid.2011.01.037].

SCHWARZ, L. and SCHWENKLER, R., 2018. Clearing The Way for Positive Neuroplasticity Re-membering our true and authentic loving selves. [online] Available from: https://comprehensiveresourcemodel.com/clearing-way-positive-neuroplasticity/ [viewed 24 April 2020].

SCOTT, A., 2018. *Mindfulness Essay*.

SHANMUGAN, S., CAO, W., SATTERTHWAITE, T.D., SAMMEL, M.D., ASHOURVAN, A., BASSETT, D.S., RUPAREL, K., GUR, R.C., EPPERSON, C.N., and LOUGHEAD, J., 2020. Impact of childhood adversity on network reconfiguration dynamics during working memory in hypogonadal women. *Psychoneuroendocrinology*, vol. **119**, no. January, p. 104710, [Available from: DOI 10.1016/j.psyneuen.2020.104710].

SHAW, R., 2004. The embodied psychotherapist: An exploration of the therapists’ somatic phenomena within the therapeutic encounter. *Psychotherapy Research*, vol. **14**, no. 3, pp. 271–288, [Available from: DOI 10.1093/ptr/kph025].

SIEBER, A., 2015. Hanh’s Concept of Being Peace: The Order of Interbeing. *The International Journal of Religion and Spirituality in Society*, vol. **5**, no. 1, pp. 1–8, [Available from: DOI 10.18848/2154-8633/CGP/v05i01/51097].

SIMIONE, L., RAFFONE, A., and MIROLLI, M., 2020. Stress as the Missing Link Between Mindfulness, Sleep Quality, and Well-being: a Cross-sectional Study. *Mindfulness*, vol. **11**, no. 2, pp. 439–451, [Available from: DOI 10.1007/s12671-019-01255-y].

SMERNOFF, E., MITNIK, I., KOLODNER, K., and LEV-ARI, S., 2015. The effects of ‘the work’ meditation (Byron Katie) on psychological symptoms and quality of life - A pilot clinical study. *Explore: The Journal of Science and Healing*, vol. **11**, no. 1, pp. 24–31, [Available from: DOI 10.1016/j.explore.2014.10.003].

SORENSON, C., BOLICK, B., WRIGHT, K., and HAMILTON, R., 2016. Understanding Compassion Fatigue in Healthcare Providers: A Review of Current Literature. *Journal of Nursing Scholarship*, vol. **48**, no. 5, pp. 456–465, [Available from: DOI 10.1111/jnu.12229].

SPINELLI, C., WISENER, M., and KHOURY, B., 2019. Mindfulness training for healthcare professionals and trainees: A meta-analysis of randomized controlled trials. *Journal of Psychosomatic Research*, vol. **120**, no. March, pp. 29–38, [Available from: DOI 10.1016/j.jpsychores.2019.03.003].

STARK, C.A., 2019. Gaslighting, Misogyny, and Psychological Oppression. *Monist*, vol. **102**, no. 2, pp. 221–235, [Available from: DOI 10.1093/monist/onz007].

STEVENS, S., 2019. The Impact of Eastern and Western Mindfulness on Th e Impact of Eastern and Western Mindfulness on Well-Being Savannah Stevens , Augsburg University, vol. **12**.

STRAIT, J. and BOLMAN, T., 2017. Consideration of Personal Adverse Childhood Experiences during Implementation of Trauma-Informed Care Curriculum in Graduate Health Programs. *The Permanente journal*, vol. **21**, pp. 1–7, [Available from: DOI 10.7812/TPP/16-061].

STUMBRYS, T. and ERLACHER, D., 2017. Mindfulness and Lucid Dream Frequency Predicts the Ability to Control Lucid Dreams. *Imagination, Cognition and Personality*, vol. **36**, no. 3, pp. 229–239, [Available from: DOI 10.1177/0276236616683388].

SULTAN, N., 2017. Embodiment and the Therapeutic Relationship: Findings From a Heuristic Inquiry. *Journal of Humanistic Counseling*, vol. **56**, no. 3, pp. 180–196, [Available from: DOI 10.1002/johc.12052].

SUMEDHO, A., 1987. *Mindfulness:The Path of the Deathless. The Meditation Teaching of Venerable Ajahn Sumedho*. Place: Hemel Hempstead . Publisher: Amaravati Publications.

SWANSON, E. and MINGYUR RINPOCHE, Y., 2010. *The Joy of Living: Unlocking the Secret and Science of Happiness*. Place: Londom . Publisher: Random House.

TANG, Y.Y., HÖLZEL, B.K., and POSNER, M.I., 2015. The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience*, vol. **16**, no. 4, pp. 213–225, [Available from: DOI 10.1038/nrn3916].

TAYLOR, S. and MASTER, S., 2011. Social Responses to Stress: The Tend and Befriend Model. *The handbook of stress science: Biology, Psychology, and Health*, pp. 101–109.

TEI, S., BECKER, C., KAWADA, R., FUJINO, J., JANKOWSKI, K.F., SUGIHARA, G., MURAI, T., and TAKAHASHI, H., 2014. Can we predict burnout severity from empathy-related brain activity? *Translational Psychiatry*, vol. **4**, no. March, pp. 1–7, [Available from: DOI 10.1038/tp.2014.34].

TESTA, D. and SANGGANJANAVANICH, V.F., 2016. Contribution of Mindfulness and Emotional Intelligence to Burnout Among Counseling Interns. *Counselor Education and Supervision*, vol. **55**, no. 2, pp. 95–108, [Available from: DOI 10.1002/ceas.12035].

THOMPSON, E. and VARELA, F.J., 2001. Radical emobodiment: neural dynamics and consciousness. *Trends in Cognitive Sciences*, vol. **5**, no. 10, pp. 418–425.

VAGNI, M., MAIORANO, T., GIOSTRA, V., and PAJARDI, D., 2020. Hardiness, stress and secondary trauma in Italian healthcare and emergency workers during the COVID-19 pandemic. *Sustainability (Switzerland)*, vol. **12**, no. 14, [Available from: DOI 10.3390/su12145592].

VAILLANCOURT, E.S. and WASYLKIW, L., 2019. The Intermediary Role of Burnout in the Relationship Between Self-Compassion and Job Satisfaction Among Nurses. *Canadian Journal of Nursing Research*, p. 084456211984627, [Available from: DOI 10.1177/0844562119846274].

VAISMORADI, M., TURUNEN, H., and BONDAS, T., 2013. Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, vol. **15**, no. 3, pp. 398–405, [Available from: DOI 10.1111/nhs.12048].

VANDEKERCKHOVE, M., 2020. Neural networks in bottom up ‘experiential emotion regulation’. *Behavioural Brain Research*, vol. **383**, [Available from: DOI 10.1016/j.bbr.2018.01.001].

WALL, S., 2008. Easier Said than Done: Writing an Autoethnography. *International Journal of Qualitative Methods*, vol. **7**, no. 1, pp. 38–53, [Available from: DOI 10.1177/160940690800700103].

WESTPHAL, M., BINGISSER, M.B., FENG, T., WALL, M., BLAKLEY, E., BINGISSER, R., and KLEIM, B., 2015. Protective benefits of mindfulness in emergency room personnel. *Journal of Affective Disorders*, vol. **175**, pp. 79–85, [Available from: DOI 10.1016/j.jad.2014.12.038].

WHO, 2019. Burn-out an ‘occupational phenomenon’: International Classification of Diseases. [online] Available from: https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases [viewed 8 April 2021].

WIEDERHOLD, B.K., CIPRESSO, P., PIZZIOLI, D., WIEDERHOLD, M., and RIVE, G., 2018. Interventions for physician burnout: A systematic review. *Open Med*, no. 13, pp. 253–263, [Available from: DOI 10.4103/ijpvm.IJPVM\_255\_18].

VAN WOLPUTTE, S., 2004. Hang on to Your Self: Of Bodies, Embodiment, and Selves. *Annual Review of Anthropology*, vol. **33**, no. 1, pp. 251–269, [Available from: DOI 10.1146/annurev.anthro.33.070203.143749].

YOUNG, C., 2008. The history and development of Body-Psychotherapy: The American legacy of Reich. *Body, Movement and Dance in Psychotherapy*, vol. **3**, no. 1, pp. 5–18, [Available from: DOI 10.1080/17432970701717783].

ZAKI, J., DAVIS, J.I., and OCHSNER, K.N., 2012. Overlapping activity in anterior insula during interoception and emotional experience. *NeuroImage*, vol. **62**, no. 1, pp. 493–499, [Available from: DOI 10.1016/j.neuroimage.2012.05.012].

ZERUBAVEL, N. and WRIGHT, M.O.D., 2012. The dilemma of the wounded healer. *Psychotherapy*, vol. **49**, no. 4, pp. 482–491, [Available from: DOI 10.1037/a0027824].

**Appendix 1.**

**Ethics Form**

# Code and Title of Course ED506A MSc Studies In Mindfulness Masters Project

# Amanda Scott

# Nov 2020

# Oct 2020

**Recruitment procedures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | **N/A** |
| **1** | Does your research activity involve persons less than 18 years of age? If yes, please provide further information. |  | **x** |  |
| **2** | Does your research activity involve people with learning or communication difficulties? (**Note:** all research involving participants for whom provision is made under the Mental Capacity Act 2005 must be ethically reviewed by NHS NRES). If yes, please provide further information. |  | **x** |  |
| **3** | Is your research activity likely to involve people involved in illegal activities? If yes, please provide further information. |  | **x** |  |
| **4** | Does your research activity involve people belonging to a vulnerable group, other than those noted above? If yes, please provide further information. |  | **x** |  |
| **5** | Does your research activity involve people who are, or are likely to become your clients or clients of the section in which you work? If yes, please provide further information. |  | **x** |  |
| **6** | Does your research activity provide for people for whom English is not their first language? Please provide further information on how this will be provided, or, if it will not be provided, please explain why not. |  | **x** |  |
| **7** | Does your research activity require access to personal information about participants from other parties (e.g. teachers, employers), databanks or files? If yes, please explain how you will ensure that use of this data does not contravene the Data Protection Act and protects the anonymity of subjects. |  | **x** |  |
| **8** | Do you plan to conceal your own identity during the course of the research activity? If yes, please provide further information (e.g. that this is necessary for the nature of the research, whether subjects will be contacted directly after the period of observation). |  | **x** |  |

**Consent Procedures**

|  |  |
| --- | --- |
| **9** | Please provide details of the consent procedures that you intend to use for obtaining informed consent from all subjects (including parental consent for children). You should provide details of how you will let subjects know that participation is voluntary and that they can withdraw at any time. You should also provide details of the processes for giving potential subjects adequate time for considering participation and for obtaining written consent. If research is observational, please advise how subjects will provide consent for being observed. If any of these issues are not applicable to your research or if you do not intend to address them for reasons of research methodology, please provide further information. |
| **Not applicable** | |

**Possible Harm to Researchers/Participants**

|  |  |
| --- | --- |
| **10** | Are there any safety issues for you in conducting this research? If so, please provide details of what these might be and how you intend to address such issues. |
| **Not applicable** | |

|  |  |
| --- | --- |
| **11** | Is there any realistic risk of any subjects experiencing either physical or psychological discomfort or distress? Or any realistic risk of them experiencing a detriment to their interests as a result of participation? If so, please provide details of what this might be and how you intend to address such issues. |
| **Not applicable** | |

**Data Protection**

|  |  |
| --- | --- |
| **12** | Please provide details of how you intend to ensure that data is stored securely and in line with the requirements of the Data Protection Act. Please give specific consideration to whether any non-anonymised and/or personalised data will be generated and/or stored and what precautions you will put in place regarding access you might have to documents containing sensitive data about living individuals that is not publicly available elsewhere? If your research relates to the latter, please consider the consent of the subjects including instances where consent is not sought. |
| **Not applicable** | |

**It is the responsibility of all researchers to ensure that they follow the University’s various policies designed to ensure good research practice.** This includes providing appropriate information sheets and consent forms, and ensuring confidentiality in the storage and use of data. Any significant change in the question, design or conduct over the course of the research activity should be notified to your School Research Ethics Officer and may require a new application form

**Please attach the following with this form:**

* **Full proposal of relevant research project/course elements. In order to speed up the process of review, applicants are advised to pay particular attention to those areas for which a ‘Yes’ has been ticked in the following form, either by providing an account of the procedures or training to be employed to ensure ethical practice, or an academic justification for the research strategy employed (or both).**
* **Participant information form and consent form (where appropriate)**

Appendix 2

From: Awakening the Body, The Way of Somatic Meditation

Dharma Ocean Online Course Autumn 2020

**Appendix 2**

**Course orientation and Units**

**Course Orientation**

The purpose of this section of the Awakening the Body course is to serve as a guide for engaging this program in the somatic, practice-oriented manner that is the hallmark of our lineage.

We invite you to participate at a level of engagement that is aligned with your inspiration and how much time you are able to devote to the practices. To get the most from this course, we suggest you reserve 8-10 hours each week to engage the course material – practicing with the guided meditations on a daily basis and setting aside time each week to spend with the talks, the website, the study questions, and the community forums. Some of you will choose to devote much more time to the program, and some of you much less – you are encouraged to discuss with your meditation instructor a schedule and level of engagement that both meets your inspiration and respects your life circumstances.

The overall container of our unfolding journey in this online environment will be held by our teachers, the teachings, and the community of practitioners.

Your direct relationship with the teachers and instructors for this course is invited and encouraged. We are not here just to download information and practices. This course is not a one-way street. Join Reggie, Caroline, and the meditation instructors for the Live Community Gatherings, join a discussion group, or engage a meditation instructor in a 1:1 interview. Above all, allow this course to day-by-day deepen your direct relationship with the inner knowing of your own body, the most trustworthy teacher of all.

Your daily encounter with the teachings via the video talks, guided meditations and selected readings will be the heart of this program. We all know that we inhabit an age of information. The internet is filled with information – with facts, figures, answers to questions. In this course, we are using the typically logical, left-brained vehicle of the internet as a skilful means to unlock a right-brained bottom-up exploration of somatic knowing. This course will not impart raw information. Rather, the course material can be a catalyst for an inner exploration of what it is to become fully human, to be truly alive.

**UNITS**

**Unit 1**

##### Fundamental Human Transformation and the Practicing Lineage

In this talk, Reggie explains that the purpose of this course is not to gather information but to affect a shift in direct experience and perception. He introduces us to this lineage of somatic meditation and addresses the question of spiritual capacity in modern people

**Unit 2**

##### Human Spirituality and the View of Somatic Meditation

Reggie here outlines our basic approach to meditation and compares the overall view of this approach to spirituality with the view of modern psychology. He tells us that this lineage takes a positive view of the human experience. He introduces three things that hold us on our journey – the human face of the lineage, the oral teachings, and the community of practitioners.

**Unit 3**

##### Ways of Knowing: Understanding Body and Ego through Somatic Meditation

Here Reggie explores what it means to live beyond the voice of ego. What is ego, and how is it separate from our true self? Reggie addresses the role of the body in meditation, and the way in which the body serves as a gateway to three aspects of our true personhood: spaciousness, creative spark, and the imperative to act.

**Unit 4**

##### Aspects of the Journey

In our meditative work, much unconscious material surfaces. Reggie explores our fear of the unconscious and emphasizes that fear is not a sign that we need to run away, but rather an invitation to deepen. Using the 10 Points Practice as an example, he presents the progressive steps in the process of somatic meditation and affirms that the communication of the body is always a blessing.

**Unit 5**

##### Five Invitations

Reggie encourages us to become aware of the ways in which we depart from our direct lived experience, and invites us to engage the talks, practices, and community in this course as an antidote to that.

**Unit 6**

##### Implications of Somatic Meditation and Trauma

This talk explores the way in which meditation contributes to human psychological health. We learn about the two veils that obscure our direct experience of life. The first veil is the veil of explicit emotions. The second veil is comprised of our assumptions from our earliest years, our style of relating with the world. Reggie emphasizes that at the root of our unconscious, below the obscurations and traumas, is the awakened state, a place that is vast and joyful and clear.

**Unit 7**

##### Somatic Meditation as a Path of Healing

Reggie explains that the practicing lineage gives us powerful tools to work with our various life traumas, the things that are shutting us off from realizing our deeper lives. He discusses the healing process that occurs when we touch the empty open awareness of our basic nature.

**Unit 8**

##### Esoteric Tradition of the Body

Here Reggie presents the outer, inner and secret aspects of working with the body in this tradition and explains the relevance of the body in working with psychological trauma. He encourages us to give up the authority of the ego and allow our bodies to speak.

**Unit 9**

##### Tradition and Modernity: How to Relate to Spirituality

Here Reggie discusses modern disciplines that can be of help to us on the journey. He explains that while discoveries in sciences and humanities look at human existence from the outside, spirituality looks at humans from the inside. These two approaches come together to create an integrated spirituality that is rooted in the past but also fresh and applicable to our modern experience.

**Unit 10**

**Body as Sacred Journey**

Ultimately, our path of meditation leads us to the experience of the ordinary human body as sacred. When we experience our bodies in this way we touch fundamental freedom. We meditate not to destroy the ego, but rather to allow the left brain to take its appropriate role as servant to the body. In this way we discover the boundless beauty and openness this world offers, moment by moment.

**Appendix 3**

Somatic Meditation Practices

**Practice One** Ten Points:

1. Making contact with the body by directing our attention there
2. Try and feel the sensations that are going on there
3. Begin to notice tension in that place or area, or if we are working with the body as a whole, as total body phenomena
4. Learn how to place our awareness *within* the tension, experiencing it and inhabiting it from within
5. Discovering that when we do so, we begin to gain agency over what previously seemed to be autonomous tension, outside of our conscious reach
6. Begin to soften, dissolve, and release the tension in question
7. Then noticing what happens when we do, what we discover on the other side of tension

**Practice Two** Alignment and posture

**Practice** **Three** Earth descent:

On the in-breath, just be in your body and fell it as a whole. Now sense whatever tension is presenting itself. On the out breath release the tension down into the earth. Do this a few times until you feel comfortable with the cycle, ‘in breath feel the tension, out breath release downwards. Next feel the tension on the in-breath, and on. The out-breath release and extend your awareness down beneath you to about two feet. Do this a few times; on the next out breath, extend your awareness down three feet. And so on.

**Practice Four** Yin breathing

**Practice Five** 6 levels of breath

**Practice Six** 12-fold lower-belly breathing

**Practice Seven** Whole body breathing and rooting

**Practice Eight** Central channel

**Practice Nine** Central channel 2

**Practice Ten** Dissolving with the Outbreath

(Ray 2016)

**Appendix 4**

Table of Journal entries

|  |  |
| --- | --- |
| 25th Sept  Dream A doorway. freaked out. I don’t want to go upstairs. To the front of the house although I know it will be ok. Like I am freaking myself out ALARM which doesn’t have to be there. It is a choice.  10-point practice is getting harder now. I am beginning to feel the tension in various parts of my body and it is excruciating. I don’t feel I have the agency to release the tension although I am aware that it is Ego Mind that holds it.  Going into tension and inhabiting it was so uncomfortable. I don’t feel I can release it. Being in it is horrible.  26th September  I feel like I am ‘undoing’ myself layer by layer, section by section. And every layer reveals a thousand more layers. But somehow, like fascia, one are of undoing’ influences every part of me.  Can frozen stress responses really have been held in me for 40 years? Am I carrying this around, stuck, like the Tin man in Wizard of Oz? Terrified to reveal the fleshy living, raw experience underneath the ‘tin’ | Fear  Tension  Choice  Frozen  Past |
| 8th October Yin Breathing  Accessing the deep empty space in the Hara  Concurrently I have the idea that I am being a ‘good girl’. A value judgement – being good. deep conditioning. Behaving, being nice. Female training  A Dakini is the opposite  Hara belly – areas of conflict for females? | Female  Gendered Behaviour  Belly |
| 9th October  DREAM  Bodyless Dogs  Going through an unknown and potentially (?) dangerous route through a town. Seeing a dead dog. But it is breathing. It’s so subtly still alive. So it needs attention. Then two disembodied dogs. Heads only breathing. Where are the bodies?  DREAM  Doing a presentation but I don’t really get it. I know I am next but I don’t know what I am doing.  11th October  JE  I think if I am really honest, going into my ‘shadows’- I don’t believe /trust secular mindfulness anymore  After being triggered so badly XXXX. XXXXXXXX. XXXXXXXXXXXXX. XXXXXXXXXXXXXXXXXXX brought me back from feeling XXXXXXXfor the first time in many years, XXXXXXXXXX skills that I had developed in therapy pre mindfulness. I am conflicted as I recognise secular mindfulness was a doorway to re-entering Buddhism and Meditation for me, and a skilful way to calm the mind and sit in posture. But other than that, it is like a hot air balloon that is not tying to the earth, or any structures that ground and cement it. This is where XXXXXXXXXXXXXsuperficial. SuperficialXXXXXXXXXXXX. No acknowledgement of the shadows.  Like that time I was invited for a full breakfast and got given doughnuts instead. I wanted to be satisfied and filled with dense nutrition but got sugary carbs instead.  Secular mindfulness is a doughnut for me. Somatic grounding and Buddhism is a 3-course meal when you want to go deep. I have lost my faith and I am trying to find my way back.  I am finding all this difficult. I am doing the practice- going into the ‘ring of fire’? Maybe?  Looking deep thinking deep. Going round in circles feeling a lot of inadequacy. I feel this in the lower belly/waist. Holding in the tum? Not breathing?  Striving. I feel like I am on a treadmill and I am going nowhere. Or in a whirlpool. No control, just round and round. Drowning, short tempered. Noisy kids and cats are making me snap. Brittle, I feel brittle.  11th October  Absolute panic internally when A opened a bottle of wine to have with dinner. I really don’t know what that is about. I ‘flashed’ drunkenness / headache/ depression/shame /blame. I could feel it around my chest and torso. Then I was like- I have a choice. I don’t have to have a glass. What moral aspects am I looking at here? A glass of wine at Sunday dinner is not a moral crime. Even for a Buddhist, bearing in mind that I did not take the intoxication precept. Don’t take it so seriously Akong Rinpoche.  When I suffer, I feel like I am failing. That is not the point is it? Suffering is inevitable.  3 arrows  PAIN  RESISTANCE TO PAIN  SHAME  Dream/awake realise stress coming in but it is separate DISTANCE NOT REMOVAL of anxiety but separation from it  EARACHE HEADACHE EARACHE  Trying to do 6 levels of Breath but attention keeps going to the pain around (y)ear. Intense sensation during night awoke with pain leaving THROUGH ear  12th October  More dog Dreams  2 Large Irish wolfhounds from the back of a Land Rover chase Nelson my old dog with arthritis. Nelson is ok as they meet. Nelson doesn’t run. Is Nelson me? Are the hounds my shadow?  14th October  Feel so ill today. Started in the early hours with a spot on my inner R toe RED HOT + SO TENDER. Then it came up my legs and R side of head behind ear Occipital Neuralgia. Actually had a headache yesterday too and paracetamol didn’t help. Definite nerve pain. Is my body wakening up? If feels like something profound. Listened to Caroline on Zoom tonight and she talked about intense experiences. I had an extreme course of sexual energy going through my body the other night. Like my absolute perfect male self – the internal male like a Dakini and her spear. I had been thinking that I am feeling more confident in myself regarding work- I can’t feel the anxiety so much in the body. But then I get ill. I can’t concentrate today and achieved very little. I am torn between just accepting that and beating myself up!  Caroline talked about becoming more present and alive in interactions. No filter so more real. Is this my body losing its filters?  Reggie talked about becoming more outrageous! HE said we are all much more outrageous than we can imagine! Alive, Alive. Not anxious. WOW!  I feel like the nerves are coming awake in my head and that is why it is so sore.  I called the doctor as I wanted to check that I didn’t have a brain tumour | Dreaming Dogs  Unknown danger  Breathing  Fear  Disembodied  Needing attention  Lost body  Unknown  Lost  Trust  Shadows  Trauma  Dangerous  Disembodied  Self -healing  Conflicted  Fear  Mental  Ungrounded  Lost  Conceptual  Anger  Going Deep  Unsatisfaction  Shadows  Lost faith  Difficulty  Emotional pain  Deep  Not Breathing  Holding  Belly  No Control  Striving  Mental  Triggered  Panic  Shame  Headache  Physical  Judgement  Failing  Suffering  Suffering  Resistance  Detachment  Headache  Earache  Intense sensation  Fear  Shadows  Ill  Tender  Hot  Physical  Nerve pain  Energy  Increasing confidence  Less anxiety  Physically ill  Intense experience  Self -acceptance  Self -recrimination  No filter  Alive not anxious  Nerves  Headache  Headache |
| 16th October  Dream  \*\*\*\* Gaelic choir in \*\*\*\* wearing black shirts. Some dead people. I can’t work out why they are there. They won’t tell me. \*\*\*\* (Childhood bully) gets to the toilet before me by jumping the queue. \*\*\*\* (person from past) is being sick everywhere and staggering on top of their disease. I can’t get to the toilet to get relief. All the shops have \*\*\*\* people in them.  24th Oct  I feel shitty. My body is low level aching, but I don’t have the energy to go there. My heart hurt all night. It was windy outside and I was anxious. I feel little intense energy ‘flares’ in lots of different places. I know this is emotional. The image is buoy caught I the flotsam and jetsam on cruddy waves. It can’t float freely. So the thoughts get stuck in all this ‘muck’ and it stays, it escalates. I am reacting to everything. My body is saying one thing and my mind says something else. Breathing into my stomach, my belly says it aches, it’s experiencing some change- breathing down there. My mind says it’s too big. My belly. Always hide the belly. I realise that tight clothes hurt because I am holding in my stomach. All the time. I have a memory of being very young in primary school and wearing a leotard, being a little mouse in my little leotard but ‘fretting’ because my little pot belly stuck out. I was disconcerted that I didn’t have the ‘look’. The ballet looks of the girls with their straight lines, flat at the front. I felt less. Wrong. Not overweight but just the wrong shape. What is so wrong about a rounded belly? Even when pregnant I remember being remarked upon- big as a truck. ‘Yes Manda is enormous’ (at 7 and a half months pregnant) mocked for my shape. A slight mock, commentary on my shape. This belly has held A lot! This belly wants to be free! This belly aches!  1st November  I don’t think I have ever felt so deliciously, heavily relaxed in my body- waking up Sunday morning. I am questioning if I have ever actually felt this way before? I am heaven.  20th November  Week 9  How can I have such a physical pain in my chest, that is caused by my mind?  It seems impossible yet the pain is very real. Condensed, almost metal, metal plates around my heart and chest. Cause unknown but anxiety- SOMATIZATION!  Give up the authority of ego  Allow the authority of the body to speak  Just do the practice  Week 8  The body in its depths disconfirms the traumatised version of reality  1 December 2020  I am feeling A LOT better about work. I feel like ‘yeah, I got this’. Not too much sweat actually, I know my stuff. I am smart and creative and hardworking when I need to be. I can put the energy in the right places when it needs it. I don’t have to be full pedal to the metal all the time. There is a flow and I may not be like other people but that is to be celebrated. I can stand up for myself and for other people. I can call out bullying and sub optimal communication. I don’t have to take everything so **PERSONALLY** often it is not about me. And if I don’t know I can say. If I make a mistake, no death will arise. I feel freer, freer to make mistakes. I have my own high standards and I will try and live up to them. The neurotic fear seems to have lifted, for now anyway. I can do this. I got it. | Headache  People from past, dead people  Relief  Aching  Beathing  Heart pain  Energy  Emotional  Stuck  Shame  Body shame  Change  Belly breathing  Mind saying  Holding  Past memories  Belly  Relaxation  Comfort  Physical pain  Heart and chest  General anxiety  Physical sensations  Body speaking  Surrender  Self-Confidence  Equanimity  Flow  Agency  Detachment  Freedom |
| 11th December  I made a big mistake at work and while I was embarrassed initially- I didn’t beat myself up for ages or obsess over self-recrimination. I swiftly tried to resolve what could be fixed and moved on. This is a HUGE change.  I has been in meditation and a very strong memory had come back to me where I had been humiliated as a young child. It was distressing and I cried in my meditation. Actually I howled……looking back I am interested in the co-incidence of these events. Almost like meditation prepared me for my week where I was going to be in a situation where I could feel humiliation. Humiliation and shame 2 big emotions. The opposite, a compliment by a service user…I didn’t get SO uncomfortable or embarrassed. I stood in it. Equanimity.  I feel like I can stand in the rich, complex, messy, hot field of human existence and not be overpowered by it. I can move into the human sphere and be ok there.  In sailing, when there is a strong wind or storm, we reef in the sails, or put up a storm sail. I feel a bit like that. How much do I expose in strong emotions? I can reef and keep heading in the right direction. I don’t need to be knocked down. Meditation and the body is my reefed sail.  19th Dec  So, a lot has happened in the last couple of days. From 17th I went from deep despair, to Friday having a reassuring chat with my manager. Thursday I applied (rushed) for a job. It was the closing date. I got an interview invite. Monday the 21st is the interview date. I am excited and I want the job, however all will be well and all manner of things will be well. I have mostly prepared my interview. My head is still very zingy and I have sore right side but this could be from exercise.  21st Dec  Offered the job! Taking it! | Change  Positivity  Past memory  Release  Humiliation  Shame  Equanimity  Rich complexity  Agency  Self -regulation  Change  Agency |