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ON VITALITY AND AGEING

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# ***“Health is also in the mind, I know now”***

**A pilot study in Mindfulness Based Vitality and Ageing**

Vitality & Ageing | MSc Thesis

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## **Abstract**

**Background:** Research into successful ageing is often concentrating on ways to stall biological ageing. Little research has been done into how older individuals can cope with and adapt to the inevitable functional decline, allowing them to set appropriate goals and live continuously satisfying lives.

**Objectives:** To investigate if and how a mindfulness practice can help older individuals through the challenges of ageing and to maintain vitality.

**Methods:** Six women aged 55 -75 years old (mean age: 63) took part in a pilot course; Mindfulness Based Vitality and Ageing (MBVA). Observations, in-depth individual pre- and post-course interviews as well as a mid-course focus group interview provided rich data. A theory emerged through an analytical process of constructivist grounded theory.

**Results:** The first theme “Mental flexibility” emerged out of the various ways the participants experienced mindfulness as beneficial. Flexibility was also a keyword for what they considered important for maintaining vitality; hence the second theme “Flexible Vitality”. The grounded theory followed; mindfulness may enhance mental flexibility which influences ones’ view on and ability to have vitality. Inherent in this mental flexibility is a need for a “continuous practice”, which was the third theme.

**Conclusion:** The study found a connection between mindfulness training and an improved flexible mental vitality. It suggests mindfulness as a potential teaching to empower older individuals to handle the challenges of ageing and enable them to continue living satisfying lives despite functional decline and other age-related difficulties. This may have great value for the individual and society.

**Key words:** mindfulness; meditation; coping with difficulties; self-compassion; mental; vitality; older adults

### **Conflict of interest / reflexivity**

The author of this thesis has the following competing interests: Berit Lewis is the founder and owner of Thriving Life, which teaches mindfulness. She is an experienced and accredited MBSR teacher, who has had a personal mindfulness practice for 8 years. She developed the intervening course and taught it as well as carried out the transcription and analysis of the interviews. The research assistant Brenda Childers (BC) has experienced a MBSR courses and has practised mindfulness for 11 years. BC carried out the majority of the post-course interviews and observed the course asynchronous using video-recorded sessions. She also played a role in the quality-control of the analysis. The author's and research assistant's interests were reviewed and managed by Leyden Academy of Vitality and Ageing.

## Introduction

Striving to extend life expectancy and delaying ageing has been the interest of many researchers for the last couple of decades (1). With a longer life comes the opportunity to spend extra time with our loved ones, pursue a life-mission, contribute to the world, live out our passions or simply enjoy life for longer. But it is far from a given that we end up enjoying those extra years. So, what is successful ageing? From a public health perspective, it is often defined as an optimal state of functioning and well-being. However, qualitative interviews carried out by von Faber et al (2), found that most older individuals viewed successful ageing as a process of adaptation rather than a state of being. Furthermore, they valued well-being and social functioning more than physical and psychocognitive functioning. In contrast to this, the majority of research into healthy ageing continues to focus on how to stall the ageing process and prevent dysfunction (2).

Westendorp and Schalkwijk (3) believes that there is currently a research gap regarding strategies that can empower older individuals to handle the process of adaption and enable them to continue living satisfying lives despite age-related difficulties. For this purpose, they suggest we turn to the concept of vitality (3), which in the social sciences is defined as “one's conscious experience of possessing energy and aliveness” (4). Rather than being limited to mere physical energy, it encompasses psychological properties like introspection, enthusiasm, resilience, sense of purpose, self-compassion and spirit (3).

This study seeks to mitigate this gap by investigating if mindfulness can assist older individuals in improving their vitality and thereby navigating the process of transition and adaption. Mindfulness has previously been characterized as a facilitator of transition (5) making it a potential intervention for this purpose. In the last 20 years mindfulness has received an increasing level of interest due to a range of observed benefits. Previous studies indicate that mindfulness can help reduce stress and worry (6) improve mental health (7) sleep (8), awareness, self-efficacy (9) cognitive functioning, psychological well-being, reduce loneliness and systemic inflammation (10) and depressive feelings (11). Most of the research into mindfulness has been targeted young or middle-aged adults. However, the aforementioned benefits are highly applicable to older individuals, who are dealing with a large range of potentially stressful financial, mental, social, emotional and

physical challenges (12). Despite the obvious potential, surprisingly relatively little attention has been paid to the plausible benefits of mindfulness in older individuals (13). Benefits that could influence their vitality and thereby help them navigating the process of adaption. Therefore, the objective of this study is to investigate: *What can mindfulness give older individuals, which can help them negotiate the challenges of ageing and maintain their vitality?*

## **Method**

### Participants

The participants were six women between 55 and 75 (mean 63), all of whom responded to an advertisement for a Mindfulness Based Vitality and Ageing Pilot (MBVA) course and study. The advertisement was published on Facebook and LinkedIn as well as shared through the through personal networks. Starting the course, 3 participants had previous experience with either meditation or mindfulness, two of which had previously participated in a MBSR course. None of the participants had a daily meditation practice at the start of the course. 3 of the participants were completely new to mindfulness. 5 of the participants resided in the Netherlands and one in the UK. The group had a very international background with participants coming from the Netherlands, UK, Denmark, Mexico and South Africa. Apart from one full-time working women, the participants were either retired and/or working parttime in their own business or volunteering. Some of the participants had physical challenges, but none of them suffered from any serious chronic or mental illness.

### The pilot course: 8-week Mindfulness Based Vitality and Ageing (MBVA) course

Most studies into mindfulness are based on the 8-week MBSR program, created by Dr. Jon Kabat-Zinn where participants meet weekly in-person in small groups (15). The Mindfulness Based Vitality and Ageing (MBVA) course, which is the base for this study, has the same length, structure, and content of the MBSR program. However, the MBVA was adapted to the specific group of participants. (See appendix A for further information on the content and structure of the course).

All 6 participants were actively engaged throughout the course, both during the weekly sessions and in the home practices. On average only 2 participants logged on for the optional Monday morning guided meditations and catch-ups, however they were recorded and could be viewed at a later stage. There were no dropouts to the course.

### Constructivist Grounded Theory (CGT)

CGT is the chosen methodology for this study, which is a qualitative research methodology informed by Kathy Charmaz (16). It is using an inductive approach generating a new interpretative theory based on data gathered through social interactions and observations of a particular group of people in a defined context. This choice was made primarily due to the similar ontological stance of mindfulness and CGT. Both assume there is no external objective reality. Reality is a social construction and can only be understood via the experience and interpretations of the individual human being (14). Mindfulness invites us to take on a curious “beginners mind”, to step out of autopilot and look beyond any preconceived ideas (15). Similarly, CGT invites us to: “Let the world appear anew through your data” (16).

Unlike the more common deductive methods in medical research, CGT is inductive and does not build on pre-existing theories. Overlooking preconceived ideas and knowledge is of course not entirely possible. Rather, as with mindfulness training, CGT invites observation of pre-conceived knowledge in a new light. CGT accepts the influence and biases of the researchers’ experiences and perspectives and makes transparency and reflections hereof an important factor for the result.

It is uncommon to apply the methodologies of CGT in a study that investigates an intervention, however, it is important to note that this study does not seek to explore the course itself. Rather, the learning process function as an opportunity for active engagement between the participants and the teacher/researcher.

### Iterative method leading to focused research

As is the norm for CGT, data-collection and analysis was conducted in such a way that findings from the early collected data influenced the later data collection. Figure 1 illustrates how the grounded theory emerges out of various of types of data which was collected and interacted during the research process.

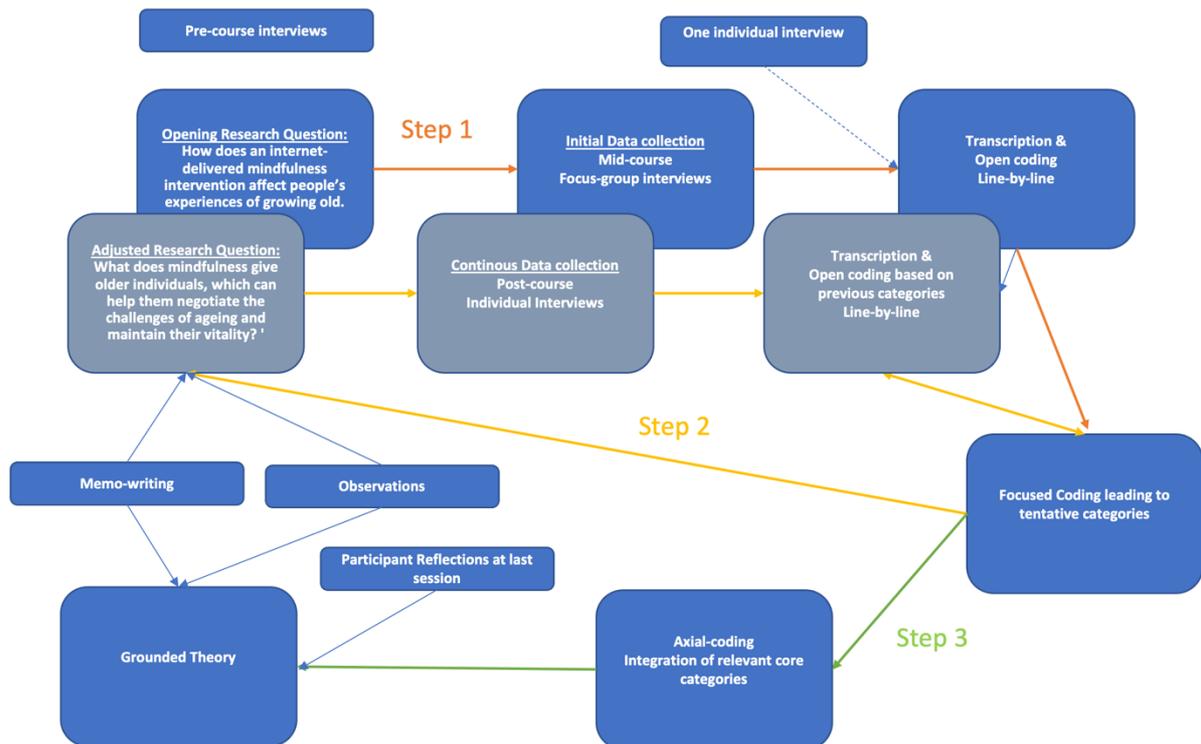


Figure 1, The iterative method of the study.

To some degree there is a linear process starting with step one (red arrows): one broad research question forms the base for the initial data collection (mid-course focus group interview), transcription, open and focused coding. This then starts the process again in step 2 (yellow arrows) with an adjusted research question forming the base for the continuous data collection (Individual post-course interviews), transcription, open and focused coding, based on the coding from the first process. The last step (green arrows) integrates the focused coding and through axial coding arrives at a grounded theory. However, as can be seen on the figure, additional continuous data collection is happening which influence the final grounded theory. In the following a more details description of the data collection and analysis will clarify the iterative method further.

## Data collection

The iterative methodology of CGT also encompassed the relationship between the course and the study. Hence, the data collection was a combination of various methods supporting them both. For instance, enquiries into the felt experiences of the participants is a core component of any mindfulness course, and great efforts are put in to ensure that a safe environment is created for sharing. In this case for instance by the teacher expressing non-judgmental compassion and sharing her own vulnerability and personal stories. This helps the learning process of the participants, but it also ensures the collection of rich data. Table 1 explains the various ways data was collected.

<b>When</b>	<b>Data-collection</b>	<b>Purpose and content</b>
Pre-course (early March)	<p><b>Questionnaire</b> followed up by <b>one-to-one interviews</b> between teacher and participants</p> <p>Each interview lasted about 30min and was done via Zoom. They were not recorded nor transcribed.</p> <p>The author conducted the interview.</p>	<p>The main purpose of the pre-course interview was course-related, as it is common for any mindfulness course in order to screen participants and make sure the course is safe for them and wanted at the current moment of their lives.</p> <p>The second purpose for these interviews was to collect demographics (gender, age, previous mindfulness experience and health status) and get informed consent for the study.</p> <p>The questionnaire can be seen in appendix B</p> <p>The pre-course interviews were structured as set out in appendix C. It followed a standard pre-course interview for MBSR courses, which not only asked questions but also provided information about the course.</p>
Mid-course	<p><b>Focus group interview</b></p> <p>It lasted about 1 hour and was done via Zoom. It was recorded, transcribed, and coded.</p> <p>The author conducted the interview.</p>	<p>The purpose of the mid-course focus interview was to explore the participants' experience of the course so far and to allow themes to emerge for further investigation. The questions of the focus group interview were broadly centred around the participants' experience with mindfulness. This experience could include previous experience from before the course, as some of them had been taught mindfulness previously.</p> <p>It also served the purpose of checking if anything needed to be changed for the teaching of the remainder of the course.</p> <p>It was semi-structured using the guide in appendix C</p> <p>All participants chose to join.</p>
$\frac{3}{4}$ into the course	<p><b>One individual interview</b></p> <p>It lasted about 20 min and was done via Zoom. It was recorded, relevant parts were transcribed</p>	<p>This one-to-one interview was not planned but took place due to a request of one of the participants after the Focus-group interview and session 6. The participant had experienced a major change of mind and wanted to share this experience with the researcher.</p>

	<p>and translated from Danish and coded.</p> <p>The author conducted the interview.</p>	<p>The interview was not structured in any way.</p>
<p>Last session (early May)</p>	<p><b>Individual reflections</b></p> <p>It was recorded as part of session 8 in Zoom. It was not transcribed nor coded but was noted in a memo.</p>	<p>During the last session, each participant was asked to reflect on their experience during the course. Each participant had 15 min in break-out rooms to discuss with partner, then 10 min for self-reflection and 1-2 min to share in group.</p> <p>This reflection was primarily a part of their own learning experience but also took part of data collection for the study.</p>
<p>Post course (mid May)</p>	<p><b>6 individual interviews</b></p> <p>Each interview lasted between 32 – 92min and was done via Zoom. They were all recorded, transcribed, and coded.</p> <p>The research assistant conducted 5 of the interviews to allow the participants to step out of the student role and let them tell about their experiences to a person that hadn't been present during the course.</p> <p>The author conducted 1 interview due to language preferences of the interviewee.</p>	<p>Findings from previous data influenced the focus of these individual interviews. The focus was still broad questions exploring their experiences of mindfulness and their learnings. However, questions relating to aging, healthy aging and vitality were added. It was made clear that the purpose of the interview was not an evaluation of the course, but rather about their experiences of mindfulness in general.</p> <p>The interviews were semi-structured using the guide in appendix E.</p> <p>Although the purpose of the interviews was primarily to collect data for the study, it was clear that many of the participants also benefitted from these in their own continuous reflections and learnings. For instance, during the interview one participant reflected on whether mindfulness and self-compassion phrases could help her create healthier eating habits. A question that the author, after listening to the recording, followed up on in an email, giving her suggestions on how to do this.</p> <p>All participants chose to participate in the interviews.</p>
<p>March-May</p>	<p><b>Observations and reflective memo-writing</b></p>	<p>Observations were noted in Memos which provided detailed records of the author's ideas, thoughts, feelings and own learning process.</p>

Table 1: Data collection which also interlinked with the learning process of the course.

### Data Analysis

Using Atlas.ti version 9.0.7, open line-by-line coding was employed for the initial focus group interview which led to tentative categories. Similarly, the individual post course interviews were coded line-by-line initially using the categories found in the focus group interview but added to and adjusted according to the new data. More focused coding using the most frequent earlier codes as well as those most significant to the

research questions took place. Finally axial coding allowed for a link between the categories relating to experiences with mindfulness and categories defining vitality and healthy ageing.

### Quality control

The guidelines developed by Elliott et al. (17) were utilized to ensure quality control. This included the concept of “owning one's perspective”, through continuous reflections in memo writing and discussions between student/teacher and between the author and research assistant. Furthermore, credibility checks were carried out in two ways; The research assistant took on the role of an analytical ‘auditor’, by looking over the coding and analysis carried out by the author. Furthermore, the thesis was validated with the participants prior to publication.

Since data was limited to the 6 participants of the course, saturation was only partly achieved. The codes regarding their experience of mindfulness were consistently across the participants whereas subjects relating to vitality and aging were less saturated.

### Ethics

The study involved minimal risks to the participants. It was completely voluntary and did not require an ethical approval. However, the safety of the participants was ensured through standard pre-mindfulness course interviews during which the participants are thoroughly informed and screened for current mental and physical issues which could make them unfit to participate or at least require further considerations and support.

All participants provided written informed consent. Participants were anonymised in the transcripts.

## **Results**

This study was spurred by the restrictions of the COVID-19 pandemic, which was causing great concern for the mental health of older individuals. The necessity for a digital mindfulness format was the catalyst for investigating ways to deliver easily accessible and safe mindfulness-based training for older individuals. The

initial desire was to see if a digital offering of a mindfulness course could help older individuals cope with the challenge of the pandemic, but true to its method of Grounded Theory, the area of study evolved along the way. Following the focus-group interview, one participant reached out to the author to extend on her experience. The participant explained how mindfulness had changed her way of looking at vitality and how she now saw herself age healthily in a different way. From focusing only on physical abilities and health as important, mindfulness made her see mental health and vitality as just as important. The idea of having a flexible vitality spurred the idea of focusing the research on the relationship between mindfulness and vitality, and consequently, the research question was adjusted.

The end results show that the rest of the group of participants went through a similar learning process. They all described positive experiences of practising mindfulness and expressed how it had taught them to respond to the challenges of their current life in a more flexibility way, but also how this might prepare them for successful ageing.

In the following some of the categories will be described in more details. Due to space constraint, categories relating to the experiences the participants had with mindfulness has taken priority. Other categories will be included only when relevant for answering the research question. All themes, categories and subcategories can be seen in appendix F-H.

The most commonly occurring categories for how the participants felt they benefitted from mindfulness are (occurrences are in parentheses):

- Coping with difficulties (140)
- Calming down (108)
- Self-care (70)

### Coping with difficulties

All participants pointed to the ability to cope with difficulties as the most beneficial skill that mindfulness gives them. Looking at the subcategories (See Appendix F) we can see that they are not independent ways to cope with the difficulties but closely connected subcategories that together gives them the flexibility to cope with ease.

The most frequent sub-category pointed out by the participants is that mindfulness gives them an awareness of existing behavioural- and thought patterns as well as a realisation that they have the ability to change them. This awareness allows them to let go of the things that are not helping. The in-vivo code “piling books” refers to an exercise in the MBVA course in which the participants were asked to think of something that is causing them difficulties: this is represented by the first book. For all the extra thoughts and emotions that comes along with the difficulty, they are asked to add another book to the pile. For instance, thoughts like “what if....” or “why me?” or “I don’t want this....”. Only the bottom book is unavoidable, the added books represent the sufferings we add on ourselves.

*“Like now with my mother. She is having these problems - but “what if it is cancer”, “what should I do?” “Should I move here to take care of her” and, and, and (illustrating with hands books being added to a pile). And you realise you have an amount of these high (illustrates big stack of books with hands) on something that is like this (illustrate the small size of one book). This is not the problem (illustrates big stack of books with hands). This is the problem (illustrates small book with hands). The rest is in the mind. Simple.” (P5)*

Acceptance is the alternative to the self-inflicted struggles, which helps the participants cope with difficulties.

*“My husband hopefully will be better [...] but you know [...] you have to be with things as they are. If you can change it, I will change it, if I can’t, I have to deal with it and live with it. And the acceptance is the thing, it has to be, because otherwise you are fighting, struggling.” (P3)*

ANTs and monkeys are other in-vivo codes, referring to an awareness of thoughts that mindfulness gives them. ANT is an abbreviation for Automatic Negative Thoughts we tell ourselves like “I am stupid” or “Nobody likes me”. Thoughts and beliefs that we have constructed for ourselves throughout life and which an inner critical voice will repeat to us. They most likely are not true, but they make us suffer. Monkeys – or “Monkey mind” refers to how we can see our thoughts as monkeys constantly distracting us from our task. Mindfulness teaches us that we cannot get rid of the monkeys, but we can train them and give them something else to do, like focus on the breath for instance. All the participants found this image helpful when coping with difficulties.

*“I think the monkeys and the ANTs, that I am aware of them. And I can name them now. I did know that they were there in my mind, because when I can’t sleep there are lots of monkeys from the day and from my kids and from everything around me and... but now I can almost see them and say, “OK go away, it is me now, who is having the attention”. (P4)*

The greater awareness allows the participants to step back, step out of autopilot, regulate their emotions, and make wiser choices.

*“It has given me more of a choice in life. I mean some days I feel down or not happy or something and that is ok. But I can also choose to be different. I have a little sign saying, “choose to be happy”. So, I can make that choice and be happy. I mean not with everything; things happen in life often. You are not always happy.... but choice, yeah it has given me a choice” (P2)*

*“But also, all the thoughts that sometimes I build up and build up and sometimes you just go in a circle. So, you can break and step away, that is what I have learnt and that is what I find very useful with the mindfulness. My mind gets another set-up. I am stepping out of the circle so I can see everything in a distance. (P6)*

In sum, the result of the analysis shows that participants believe mindfulness has given them a way to cope with difficulties through a more aware, accepting, self-compassionate and flexible mind. This ability is something that they predict will help them when they get older.

*“Mindfulness will help you to accept the things you can no longer do. And not sit and say: “oh I can’t do that anymore, you I am just old and shut away. You can say, OK what can I do instead? I think mindfulness will help you to open your mind to other options” (P1)*

### Calming down in the present moment

The second most frequently occurring category for how the participants have benefitted from mindfulness is the ability to calm themselves down. As with the previous category, the subcategories (Appendix G) for Calming down are not independent of each other nor are they independent from the previous category. In fact, the choice to pause and step back is one of the prerequisites for coping with difficulties mindfully. The analysis shows that by calming down, the participants find the time and space to respond to life’s challenges with awareness as described above.

*Because it helps me to sit down and clear my mind and then...and then think more clearly. (P1)*

*It is like a re-set. The body, the mind relax and calms down and then afterwards I have energy, a good mood, if you have been mad or angry or .. before you start. I calm down. Reset – a new start!*

(P6)

They calm themselves down by connecting to the present moment, is the most essential part of being mindful.

*[...] but mindfulness gives me more, it gives me more tools to understand what is going on and to get more grip of the situation. [...] Yeah, tools to be not worrying [...], to let it go, to live more at ease. To enjoy the moment. To live in the moment. Don’t worry about the future or the past. Let it go. Being here, yes that is what mindfulness do to me. (P2)*

*“I was upset at home about something, and I was angry, and I thought, oh go out. And I went out and then I was in the middle, we have lovely nature [...] The light was beautiful, and I thought, well, I don’t have to walk. I can just stand. I can do what I want. I don’t have to walk quick...easy, slow down. And then I stood still and just stopped [...] And then I stood still and sort of concentrated on [...] the noises, we hear outside. Listen to the birds, and you hear lots of birds and I didn’t think about any problem. I was just listening to the birds and let it come in [...] It calmed me down and that is it. And when I came home, the problem was not there anymore. (P3)*

Calming down however, benefits the participants in other ways than to deal with difficulties. They allow themselves to slow down and enjoy life more.

*“I mean if I am busy, I will tend to eat while doing whatever it is that I am doing, well, I have tried to not to do that and to go and sit down and eat in a more mindful way so when I enjoy my food, I don’t get indigestion. And actually, I found that by doing that I eat less. (P1)*

*“P2 told us a story about her experience when she was on a bike and were biking in the dunes. And she saw the surroundings and she was thinking “Yahoo, this is nice....” And for me that was an eyeopener and I try to have 3 moments like that each day. (P4)*

The experience of practicing being calmer and more present has affected the way they define vitality and healthy ageing. A few participants point out that they hope to see themselves as calm and relaxed when they get older.

*“I suppose I am looking forward to this imaginary view of me just being relaxed and not doing anything. (P1)*

*“So, I hope when I am that age, that [...] I am not struggling so much. That I can say, OK, I am just gonna be mindful, just gonna be kind to myself as I get older.” (P2)*

This leads to the third category for how the participants felt they benefitted from mindfulness; Self-care and compassion, which again is tightly interwoven with the other categories and subcategories.

### Self-care and compassion

The subcategories (See Appendix G), reveal that there are three ways that the participant refers to how practicing more self-care and compassion has been a positive experience for them. Firstly, it allows them to meet all the challenges in life, including the inner critical voices (ANT's) with a kinder inner voice. Secondly, it grants them permission to prioritise themselves more – to put themselves first. Lastly, the participants point out that by taking more care of themselves, they are also able to take better care of the people around them.

Subcategory	Example
Kind and loving to myself	<i>"Yesterday, I was very tired. I never go and sleep during the day, I said, well, it doesn't matter. I rest on the bench. It was maybe 10 minutes, and it was over. So be kind to yourself. I think I want some mmmm... (laughs) and it was lovely, and I think well hey, I can do it for myself." (P3)</i>
Forgiveness, less hard on myself	<i>"I tell them that I have learnt from it to be more openminded and kind to myself and not believe in the ANT's so you are not good enough or you are wrong or whatever."(P4)</i>
Able to help others	<i>"I have been aware of doing something to myself - and to do something to myself, it also makes it better for the people around me." (P6)</i>

Table 2: Subcategories of Self-compassion

Self-care and compassion are also skills that participants mention as important for vitality and healthy ageing.

*"Vital to me now is more to be kind to myself as well and to live more in the moment. That is extra, that gives something extra to the vitality. I had in mind vitality was a kind of a picture. Now I think it is also an inside feeling." (P3)*

*"So, I think it [Self-compassion] is important. And I think as you get older and you are going to, I was going to say fail at things, it is not, being more difficult, you do need to be kind to yourself and say, go and have a sit down, go and have a cup of tea, or something and relax. So, yeah I think it is a really valuable lesson" (P1)*

Participants often refers to self-compassion as a skill, something that they must work on and gradually become better at.

*“I think it is part of feeding the good wolf. Yes, sometimes I am very hard on myself. For all my life, I have been hard on myself. I ask a lot of myself. As I said, I have to accept who I am now. How I am now and continue growing as I can.” (P5)*

“Feeding the good wolf” refers to a story told in the course about how we can cultivate different drives, thoughts, and emotions within us. The “wolf” we feed, will be the one that wins, which means it will become our habitual behavioural pattern.

### Continuous Practice

All the participants refer to mindfulness as something that they need to continue to practice and implement in their lives in order to experience the full effect of it. The theme contains categories relating to the learning process of mindfulness; what the participants found difficult and/or supportive of the learning process as well as individual differences and preferences in how to practice mindfulness.

When asked whether there is a before and after learning mindfulness, most participants predicts that there will be, but also that it is too early to say.

*“I think it is too early. I can already feel that there is something, I am stepping away and take a look and also doing more for yourself. When I do a meditation that is for me, that is self-compassion, so I am already doing it. But I think as longer time goes, I will benefit more” (P6)*

*“For sure. As I said everybody should learn mindfulness, because even if you are old, there are still parts of you that you don’t know very well. Or you get so into a rut that this is your pattern, you think “I can’t change”, you now, “I am old”. But you can change, and you can make your life better and appreciate more in life. You know you are never too old to learn this.” (P2)*

The subcategories contain a variety of ways the participants have experienced how this learning process has been difficult but also the things that has supported it. The most challenging factor pointed out is to make mindfulness a habit. To implement it into everyday life both as a regular formal practice but also make it a part of how to engage in daily life. On the other hand, all the group members point to the support they have experienced from the group as helping them greatly.

As this study took place during the COVID pandemic and was therefore carried out online, it was interesting to see how the digital format was perceived by the participants. The result was very positive, with the majority describing it as a positive experience.

Other subcategories for what have helped or challenged the participants in the learning process can be seen in appendix H.

Individual Differences

The comparative method of CGT also found differences between the participants’ experiences. However, the individual differences were not divergent from each other but rather different ways to adapt the learnings to their personal lives and preferences. Table 3 gives a few of them.

<b>Examples of personal experiences with mindfulness</b>	
Coping with grief	<i>“But now with these 8 weeks. I had one really big come back of the grief [...] It triggered the feeling, the void, but then it also helped me to deal with it quietly and that was good [...] I think that the peace that I am starting to feel going back to meditation helped me deal with that surge of grief.” (P5)</i>
Confidence and becoming braver to do what matters	<i>“I find it difficult to do things on my own - like go away on your own. It is difficult [...] But I think now that with mindfulness, because I think that I am sort of in control of my thoughts, or my emotions through mindfulness, that I can do that. And when we are out of the lock down. I am going to go away and visit various cities in (deleted to anonymise participant) to start with. Just for a couple of days, so that I can show that I can go away on my own and I can do it. So, I think [...] it has given me a bit of confidence. (P1)</i>
Going from the head and feel and listen to the body	<i>I was a thinker [...] I am reading books and I am studying things. But I didn’t feel, I didn’t get a grasp of it [...] I was not listening to myself. No, I was going on and on and on. To feel my body - going from the head to the body [...] I feel more now that I practice than I did before. I am aware of more that is going on [...] And now I take it seriously</i>

	<i>[...] now, it tells me something, take a step back, hold on, what is going on? It makes me aware, be more careful with what is going on. (P3)</i>
Learning to say no and look after herself.	<i>" [...] I am always thinking of other people and taking care of other people. My children tell me: mum, "why do you have to do that. That is none of your business". [...] It is definitely more easy for me to lay back and say to myself; what is this situation, do I want to help or is it necessary to help. [...] I think that I am more kind to myself, more loving to myself" When the thought comes, someone has a problem and the thought comes directly, I have to solve that problem. But now I can lay back and say ; do I have something to do with it. Don´t interfere. Let it go."</i>

Table 3: personal experiences with mindfulness.

### **Grounded Theory**

Three interrelated themes were identified each containing a number of categories and sub-categories (see Appendix F-H for details). The three main themes were

<b>Theme</b>	<b>Appendix</b>	<b>Covering</b>
Theme 1: Mental Flexibility	F	The experienced benefits of mindfulness
Theme 2: Flexible Vitality	G	How the participants view vitality as something flexible
Theme 3: Continuous practice	H	How the participants experienced mindfulness as something that they are still learning and need to continue to practice and implement in their daily lives.

During the focused coding, it became clear that when the participants were asked for a definition of vitality and healthy ageing, they mentioned categories remarkably similar to the categories they pointed out when asked what mindfulness gave them as can be seen in figure 2.

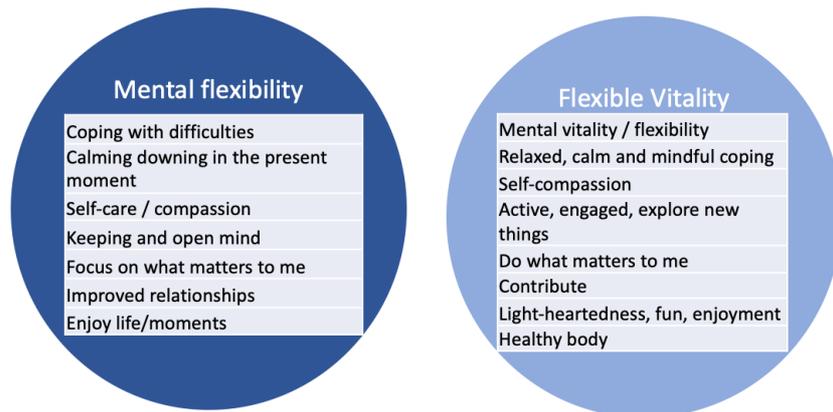


Figure 2 Similar categories in the themes of Mental Flexibility and Flexible Vitality.

Furthermore, the analysis shows that in most cases their experience influenced their perception of vitality and ageing. Only one participant did not find that her view of vitality changed during the course, whereas the rest did.

*“I haven’t thought much about the word [vitality] before the course and now [...] this has become one of my favourite words. [...] I think that vitality is [...] to do with the vitality of your mind. I have learnt that from mindfulness, whereas probably before, I just thought of vitality as being energetic, healthy, in terms of mobility. Now I don’t. (P1)*

*“I have come up with this word: change-readiness-vitality. Because I think that things will change and then I can make changes to what vitality is for me” (P6)*

Mental vitality is the most occurring category for how the participants define vitality and healthy ageing and for many it has to do with the same mental flexibility, they found in mindfulness.

The axial coding revealed that the key word that integrated the two of them together was flexibility. The emerging grounded theory is that due to enhanced mental flexibility and a perception of vitality as being flexible in the mind, mindfulness can enhance mental vitality and thereby successful ageing. Inherent in this mental flexibility is a need for continuous practice. The grounded theory is captured diagrammatically in

figure 3

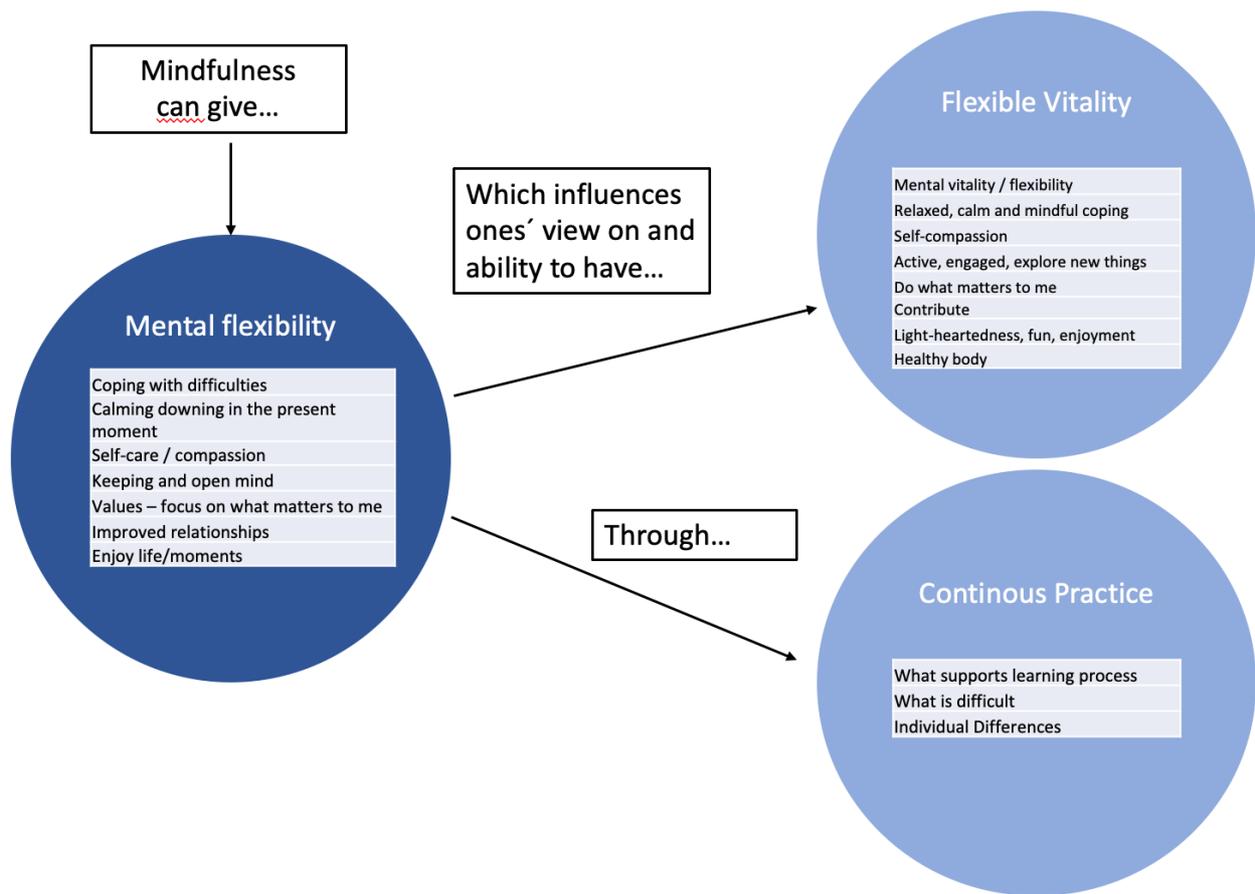


Figure 3: Grounded Theory

## Discussion

The participants in this study found that mindfulness gave them some tools and a way of perceiving and acting in the world that allows them to better negotiate the challenges of ageing and maintain their mental vitality. More specifically what they found was that it helps them is to pause, step-back and meet whatever life brings them with awareness, openness, acceptance, and self-compassion. This result mirrors the continuously growing body of evidence indicating that mindfulness meditation exerts beneficial effects on mental health and well-being (18, 19). This study, however, broadens the research field of mindfulness by showing how a mindfulness practice can potentially influence the way we perceive and achieve vitality and healthy ageing.

As mentioned in the introduction, initially, the focus point of this study was mindfulness training delivered digitally to older individuals. In a true CGT approach this focus changed along the way. Already at the mid-course focus group interview it became obvious that the online format didn't really matter to the participants. Although they missed the spontaneous social interactions, their learning experience didn't seem to be affected otherwise by sitting behind screens. Instead, the focus of attention turned towards the relationship between mindfulness and healthy ageing and vitality. Charmaz instructs CGT researchers to "act upon your data rather than passively read them" (16). "Vitality" began as a code, which was acted upon and developed into a category. In the analysis, a picture emerged in which most of the participants expressed that they had changed their definition of vitality, or at least they had added new elements to it. Their definitions of vitality seemed to correlate with the majority of what they had mentioned as beneficial to practicing mindfulness and mental flexibility was the concept that bound them together.

To answer the research question on how mindfulness can help older individuals negotiate the challenges of ageing and maintain their vitality, we can use Westendorp and Schalkwijk's suggestion to operationalise vitality for healthy ageing with the following definition: "the ability of a person to set ambitions appropriate for one's life situation and being able to realise these goals" (19). Interpreting the results of this study according to this definition, suggests that mindfulness can assist older individuals improve their vitality by helping them be mentally flexible in finding appropriate ambitions and goals despite age and functional decline. It seems that mindfulness can be a potential intervention to fill in the research gap on ways to inspire and coach the older individuals on how to negotiate the challenges of (prospective) functional decline (19).

This is echoed by research into mindfulness interventions for people with greater challenges than the participants of this study. Long et al (5) explored the effects of mindfulness practice for people living with a long-term condition and found that by being more aware and accepting of their illness, participants could respond more appropriately and gain a more flexible perspective of themselves and their lives.

The result of this study, however, is influenced by the context it took place in. After having just finished a course in mindfulness-based vitality and ageing, it is unlikely coincidental that mental vitality is at the forefront of the participants' attention. We must therefore be cautious to interpret mental vitality as the most important for these women when it comes to defining vitality and healthy ageing. Nevertheless, by opening their minds to the learnings from mindfulness, the participants started to reflect on what vitality and healthy ageing means to them. Learning to be mentally flexible through mindfulness also made them stop seeing vitality as a static concept. This mirrors the study referred to in the introduction by van Faber et al., in which older individuals viewed successful ageing as the ability to adapt (2).

Interestingly however, this resemblance was only at the end of the course. For most of the women, vitality was not something they had thought about before, or they defined it in terms of a state of physical functioning or energy. An explanation to the difference between the participants pre-course view of vitality in this study and that of van Faber et al.'s (2) could be the age difference between the participants. Unlike the older participants in van Faber's study (85+), the young older individuals (mean of 63) in this study had not yet had to cope with chronic illness or too much dysfunction. They did however predict that the course would prepare them for difficulties to come as they experienced mindfulness as something that takes time and practice. This suggests that the age of 55+ is the right time to offer this intervention. Learning while young(er) is beneficial.

No matter what age to start at, improved mental vitality is an important area for further investigation as it not only benefits the individual older person, but also enables and motivates them to stay healthy and continue to contribute to society for longer. Consequently, interventions to enhance mental vitality could potentially reduce the often-discussed financial pressure on society (20).

### Limitations

As is the case for all CGT studies, the result of this study is limited to its context and the theory is never completely final. It should be mentioned that the sample size of this study was limited to 6 people and that it

was a group of cognitively and emotionally well-functioning and educated women, who actively chose themselves to initiate participation in the course and study. One should therefore be very careful to assume that similar results will emerge amongst a different group of participants in a different context.

Furthermore, the study took place during and immediately after the course, which means that the participants had actively been practicing mindfulness for the 8 weeks beforehand and the learnings were still very present in their minds. Previous research indicates that most people find it hard to sustain a mindfulness practice on their own after taking part in mindfulness Interventions (5). We can therefore not assume that the benefits the participants have described in this study will continue to last – or at least be as prominent. In fact, two of the participants in this study expressed that they had enrolled to “get back into mindfulness”.

Some suggestions to further exploration could therefore be to extend the study to a larger and more varied sample in order to establish its transferability to a wider population, as well as to carrying out a follow up study to investigate the participants experiences on a longer term.

## **Conclusion**

This study suggests a possible mindfulness-based intervention to enhance mental vitality for older individuals by assisting them in setting appropriate ambitions and goals despite age and functional decline. Using Constructivist Grounded Theory this study has generated a hypothesis that mindfulness training can be a facilitator for enhanced mental vitality through improved mental flexibility. The younger older individuals who participated in the 8-week pilot course; Mindfulness Based Vitality and Ageing, found that they were better equipped to negotiate the challenges of ageing by utilizing mindfulness skills like pausing, stepping back and meeting whatever life brings them with awareness, openness, acceptance and self-compassion. Having mental flexibility and flexible vitality were viewed as helpful preparations for difficulties to come by.

As with all grounded theory research, this study offers an *“interpretive portrayal of the studied world”* (16) and cannot be directly transferred into other populations. Yet the richness of the data is a source for inspiration, questioning and further theory building in an important yet neglected area of research. It also invites personal contemplation on what it takes for each one of us to continue to “feel alive” no matter where in life we find ourselves. Growing old is not just a biological process that is happening to us beyond our control. It is something that we have the power to influence and adapt to through mental flexibility.

*“I am not so worried [...] I will not just focus on how my body will be when I get older, I also have other things that could keep me strong. Health is also in the mind, I know now.”* (P6)

## **Acknowledgement**

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## **Appendixes**

- A. Course outline**
- B. Questionnaire Pre-Course**
- C. Interview Guide pre-course interviews**
- D. Interview Guide Focus group interview Medio course**
- E. Interview Guide Individual Interviews Post Course**
- F. Theme 1; Mental Flexibility; categories and subcategories**
- G. Theme 2: Flexible Vitality: categories and subcategories**
- H. Theme 3; Continuous practice; categories and subcategories**

## Appendix A: Course outline

The vast majority of studies into mindfulness is based on the 8-week Mindfulness-Based Stress Reduction (MBSR) program, created by Dr. Jon Kabat-Zinn where participants meet weekly in-person in small groups. The Mindfulness Based Vitality and Ageing (MBVA) course, which is the base of this study, has the same lengths, structure, and content of the MBSR program. However, the MBVA was adapted to the specific group of participants by including didactic teaching of contents relevant to vitality and ageing, a session on values and a stronger focus on the relationship between body and mind as well as self-compassion. The home practices include coaching oriented assignments (inspired by Acceptance and Commitment Therapy) and there were shorter options (about 10-15 min) available for the guided meditations than there is for MBSR (about 30-40min). Furthermore, the MBVA differs from the MBSR by being digital (through Zoom) and the sessions were 90 min long (Apart from session 7, which was a special 4 hour partly silent “mini-retreat” focusing on self-compassion)

Week 1	<b>Introduction to mindfulness, vitality and ageing</b> Practice: Awareness of breath
Week 2	<b>Befriending our body</b> Practice; Bodyscan
Week 3	<b>From reacting to responding</b> Practice; PAUSE practice
Week 4	<b>Dealing with thoughts</b> Practice; Awareness of thoughts
Week 5	<b>Dealing Difficulties</b> Practice: Labelling emotions practice
Week 6	<b>What is Vitality and what is Vital for me?</b> Practice: Practice 4 step to awareness
Week 7	<b>Self-compassion</b> Special 4-hour “mini-retreat”, including silence Practice: The self-compassionate break/ RAIN / Metta
Week 8	<b>A mindful life</b> Finishing Practice: Metta meditation

## Appendix B: Questionnaire Pre-Course

**Pre-course Questionnaire for**  
**Mindfulness Based Vitality and Ageing (MBVA)**

Please answer the following questions before our pre-course interview and email it back to me. If you answer yes to any of the questions and/or have any areas of concern, please give some details here. If you prefer, we can also discuss the details at the pre-course interview.

Full Name:		Age	
Country of residence:		Gender:	
E-mail:		Phone number:	

1. What is your current occupation / are you retired?	
2. Have you any previous experience with mindfulness and if so, please provide details of where you were taught and how much you practice now/ have practiced in the past.	
3. How would you describe your health overall?	
4. Do you have any chronic or acute illness/pain? If so, please give details	
5. Do you have a history of mental ill-health, such as anxiety, depression or suicidal tendencies? If so, please give details.	
6. Have you had any difficult life event in the last year such as bereavement, divorce, job loss, any major change?	
7. Have you ever suffered from Post-Traumatic Stress Disorder?	
8. What are you hoping to get out of this course?	
9. Any other information you feel may be applicable?	

## Appendix C: Interview Guideline pre-course interviews

- 1) What brings you here? Tell me a little about yourself.
- 2) What are you hoping to get out of the course?
- 3) Any questions to go deeper into / haven't answered in pre-course questionnaire?

### 4) What is MBSR

- Mindfulness is:
  - paying attention to what is happening in our body and mind
  - aware of our patterns of reaction - our habits
  - with knowledge comes freedom to choose a new way of reacting/behaving.
- Explain the **approach** - invites to explore a new relationship with experience.
- Challenge to most: At time this might be painful as we are asking them to sit with whatever arises rather than push it away
- Refer to Research behind
- So one could say that Mindfulness is **training for the mind** - the same way we train and change our physical bodies. - and it is not always fun.....

### 5) What MBVA is not -

- - not therapy - my job is not to 'fix' them and we will not reflect on the 'whys' of their experience.

### 6) Course content -

- Each session starts with a practice followed by enquiry. Don't have to share experiences if you don't feel like it. Then there will be a mix of me talking, some exercises, talking about homework and some more meditation practices.
- Brief outline of the 8 Sessions (each 90 min – incl short 5 min break):
  - Week 1 Introduction to mindfulness, vitality and ageing
  - Week 2 Befriending my body
  - Week 3 From reacting to responding
  - Week 4 Dealing with thoughts
  - Week 5 Dealing with chronic illness, pain and difficult emotions
  - Week 6 What is Vitality and what is important for me?
  - Week 7 **Special 4-hour home-retreat**: Taking care of myself
  - Week 8 Mindful ageing – looking ahead

### 7) Home Practice

- Stress the importance - integral part of the course,

- Common reactions to practise e.g. mind will try to come up with excuses, finding the time, falling asleep etc.
- Have you considered where in your day you can fit it in?

### **8) Life changing -**

- The course comes with its own challenges - wise not to plan any major life changes at the same time. Better to take the course at a later point?

### **9) Support -**

- Bringing awareness to the present moment experience, the participant may notice an increase in suffering/pain etc. Who do you have to support you? Social, personal or professional.

### **10) Confidentiality in group / anonymous in study**

- What is said in the circle stays in the circle.
- Remind that this is not therapy - you decide how much you want to share - and focus is on experiences in the now - so for instance somebody might notice that there is a recurring "thought" coming up - without having to point out what that thought is about.

### **11) Is it the right time for you, do you think? Still up for it?**

### **12) The Study**

- Qualitative – interviews, observations, use of reflections
- My goal is to investigate *what* mindfulness can give older adults and *how* this can best be delivered in an online setting.
- My role: creator, teacher, researcher – I am part of the journey
- Fellow student, Brenda, sitting in as observer and she will be doing interviews
- Anonymous
- You will be asked to sign an informed consent & a waiver

### **12) Zoom?**

- Feel comfortable with this – technical and otherwise?

### **12) Practical arrangements -**

- Confirm start date , start and finish times. (Wednesday the 17<sup>th</sup>, following 8 Wed. 10-11.30 – break for spring break 7<sup>th</sup> of April)
- Please WhatsApp (I'll make a group) if not able to attend
- OK to call if you miss a class?
- Please come 5 early to settle in

### **13) Closing the interview**

- Acknowledge the courage it has taken for the person to get to this point
- Any friend that would like to join?

## **Appendix D: Interview Guideline Focus group interview medio course**

Intro:

- Welcome and thanks
- Purpose is to help answer the research question: How does internet-delivered mindfulness intervention affect people's experiences and preparations of growing old.
- So, questions are not so much an evaluation of the course, but more about mindfulness as a concept. So, feel free to bring in any experience you might have had before this course.
- My role today is to be a moderator – I will be asking questions but otherwise mostly leave the talking to you.
- There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.
- You've probably noticed the microphone. We're tape recording the session because we don't want to miss any of your comments. Recording and transcriptions will be kept safe and deleted after use. You will be anonymized in the write up.

### **Opening question:**

1. What is your experience with learning mindfulness so far?

### **Key questions**

2. Are there any themes emerging in your learning experience?
3. What have you found difficult as a participant in this course?
4. What have you enjoyed so far?
5. Have you learnt something that is already helping you in your everyday life/ might help you in the future?
6. Based on your own experience, do you think mindfulness can be helpful for elderly people – and if so, how?
7. What do you think are the main barriers for (young) elderly people learning mindfulness?
8. How do you find the online teaching? Pros/cons?
9. Tell me how you go about the home practice - What do you do? – how often and when do you practice. Do you have a preferred practice? / practices you dislike?
10. What are you hoping to get out of this course in the end – and is it different to what you set out with 4 weeks ago?

### **Ending questions**

1. Of all the things we discussed in this focus group interview, what is the most important to you?
2. Is there anything connected with learning mindfulness, which has not been discussed that you would like to bring up now?

## Appendix E: Interview Guideline Individual Interviews Post Course

Intro:

- Welcome and thanks
- The purpose of today – as with the mid-course focus group- is not to evaluate the course (you were sent a questionnaire for this), but about your experience with mindfulness.
- It is me asking the questions today in order to get “another set of eyes on the subject”. As I have not been as involved in the course as Berit has, we hope that you will be willing to explain to me your experiences with mindfulness more as an “outsider” -
- My role today is to be a moderator – I will be asking questions but otherwise mostly leave the talking to you.
- There are no wrong or right answers but rather differing points of views and experiences. Please feel free to share your point of view even if it differs from what others have said during the course or in the focus-group interview.
- We're recording the session because we don't want to miss any of your comments. Recording and transcriptions will be kept safe and deleted after use. You will be anonymous in the write up.

### Opening question:

1. What is your experience with mindfulness?

### Key questions

2. Are there any themes emerging in your learning experience? / Changed midway to: Please tell me some of the things you have learned in the last 8 weeks?
3. Have they changed/shifted in the last 4 weeks compared to the beginning of the course? / Changed midway to: Did you see a development in your learning from the beginning to now?
4. What is your main takeaway from learning mindfulness?
5. Have you learnt something that is helping you in your everyday life/ might help you in the future? Please tell me how?
6. Based on your experience, do you think mindfulness will help you as you age? How?
7. Is there a before and after learning mindfulness in the way you live your life/want to live your life?
8. How do you feel about getting older? Any worries - what are you looking forward to? Has this changed?
9. How do you imagine yourself at 90? (- if you get to live that long) Has this changed?
10. What is healthy ageing for you?
11. How do you define vitality? - Is your definition different now to before you learned mindfulness?
12. Do you consider yourself to have vitality? In what way?
13. What can one do/ what do you intend to do to stay healthy and full of vitality as you age?
14. Do you know what matters to you - who you want to be, the life you want to live? Has mindfulness helped you/is helping you define this?

15. Have you had any unpleasant experiences while practising mindfulness – and if so, how did you cope with them?
16. Have you had experiences where mindfulness couldn't help you – or where it was even making things/life worse for you? Please elaborate?
17. What have you found the most difficult aspect of mindfulness? /what has been most challenging for you throughout this process?
18. What helps you overcome these difficulties?
19. What have/are you enjoyed/ing while practicing mindfulness?
20. How do you find online teaching? Pros/cons?
21. Has the digital format of this course made it more accessible for you, and do you think a digital format would be a positive option for you (as well as other people) in a more normal, non-COVID time?
22. Tell me about your experience with the home practice.
23. How often and for how long do you practice?
24. Did it change during the course?
25. If you are not practicing – why not?
26. Have you established a routine?
27. Do you have a preferred practice? / practices you dislike?
28. What is the home practice giving you?
29. Do you intend to keep practicing mindfulness – if so, how (formal/informal) and why?
30. Is what you got out of this course any different to what you had hoped for?
31. Tell me about your experience with learning self-compassion as part of your mindfulness journey.
32. Would you recommend peers to learn mindfulness - why/why not?

### **Ending questions**

33. Of all the things we discussed in this interview, what is the most important to you?
34. Is there anything about your experience of mindfulness, which has not been discussed that you would like to bring up now?

## Appendix F: Theme 1: Mental Flexibility

Grey area is priority for this thesis

Theme 1: Mental Flexibility		
Categories	Subcategories	Occurrence
Coping with difficulties (140)	Awareness of present moment experience	47
	Stepping out of autopilot/ make wise choices	33
	Acceptance / Let-go	18
	Coping with ANTs and monkeys	14
	Piling books / less worry	13
	Emotional Regulations	8
	Mindfulness Tools	4
	Take control	3
	Total	140
Calming down (111)	Step back / Clear the mind / re-set / start again	34
	Be in the moment / pause	26
	Find peace/ relax / silence	19
	Slow down / time to enjoy	16
	Calms me down	12
	Less Reactive	4
	Total	111
Self-care (70)	Kind and loving to myself	19
	Forgiveness, less hard on myself	11
	Prioritise myself (for a change)	8
	Able to help others	8
	Self-compassion	5
	Accept who I am - nothing wrong with me	5
	More energy and time	4
	A me moment	4

	Softness	3
	Physical touch	1
	Enjoy own company	1
	Feels good	1
	Total	70
Keeping an open mind		26
Focus on what matters to me / values		25
Improved Social Relationships		12
Enjoy life/moments		10

## Appendix G: Theme 2: Flexible Vitality

Grey area is priority for this thesis

Theme 2: Flexible Vitality		
Mental vitality / agility		18
Do what matters to me		14
Active, engaged, explore new things		12
Healthy body		11
Self-compassion		7
Lightheartedness, fun, enjoyment		5
Relaxed, calm and mindful coping		4
Contribute		2

## Appendix H: Theme 3: Continuous Practice

Theme 3: Continuous Practice		
Difficulties	Making new habits	22
	Doing formal practice	12
	DIGITAL cons	7
	Fear of pain and emotions	7
	Sceptism	6
	Thoughts - mindwandering	3
	Grief	3
	Mindfulness not panacea	2
	Concentration	2
	Lack of time and space	1
	Feeling body and emotion	1
Support	DIGITAL pros	30
	The group	12
	visual reminders / teaching	9
	Learning early	6
	Appreciating provision of resources and more information	5
	A way of life / routine	5
	Appreciate the group	4
	Reminders	4
	physical space, cushion	3
	Schedule it	3
	Self-kindness	3
	Appreciate Teacher	2
	voice guided meditation	2
	Sense of duty	1
	Step by step	1
	The 8 attitudinals	1

Individual Differences	PERSONAL aims	7
	PERSONAL preferences	12
	PERSONAL Previous experience	18
	PRACTICE: Everyday use / informal	5
	PRACTICE: Formal	18
	PRACTICE: No Unpleasant experiences	7