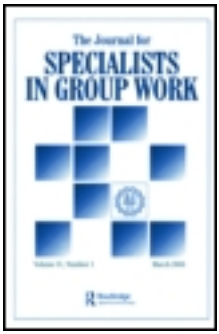

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Mindfulness Group Work: Preventing Stress and Increasing Self-Compassion Among Helping Professionals in Training

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RESEARCH

Mindfulness Group Work: Preventing Stress and Increasing Self-Compassion Among Helping Professionals in Training

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This study examined the effects a 6-week mindfulness group had on 31 college students who were intending to enter helping professions (e.g., nursing, social work, counseling, psychology, and teaching). Group activities included meditation, yoga, a body scan exercise, and qi gong. The group members completed the Perceived Stress Scale, the Mindfulness Attention Awareness Scale, and the Self-Compassion Scale at pre-pre, pre, post, and follow-up intervals. Perceived stress significantly decreased, and mindfulness and self-compassion significantly increased in response to the group. Group members' comments on their experience are reported. Implications for future research and practice are explored.

Keywords: *helper burnout; mindfulness group; self-compassion*

Individuals in helping professions (e.g., nurses, doctors, social workers, counselors, psychologists, and teachers) work with others to promote healing and learning. The intense nature of this work may have negative effects for these professionals, particularly if they lack social support or do not have self-care strategies that help them deal effectively with job-related stress (Christopher, Christopher, Dunnagan, & Schure, 2006; Maslach, Schaufeli, & Leiter, 2001). Perceived stress has been described as the degree to which situations in a person's life are appraised as stressful (Cohen & Williamson, 1988). It has been suggested that the compassion and empathy needed

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to engage in the helping professions may result in increased stress for the helper (Figley, 2002). Increased stress may result in negative consequences, such as burnout and compassion fatigue (Figley, 1995, 2002; Maslach et al., 2001). Burnout is often manifested in physical symptoms and emotional exhaustion (Maslach et al., 2001). Burnout also has been linked to compassion fatigue, which is a form of caregiver burnout relevant to those working in the helping professions (Figley, 2002). Figley (1995) suggested that the symptoms of compassion fatigue include depression, anxiety, irritability, and physical/somatic complaints, and can affect emotional, cognitive, behavioral, and interpersonal functioning. Several experts have acknowledged the importance of self-care practices in preventing the negative outcomes often associated with burnout among helping professionals (Baker, 2003; Brems, 2001; Pope & Vasquez, 2005; Weiss, 2004).

Concerns have been raised that few training programs educate trainees about the potential negative effects of job related stress, how to prevent burnout, or self-compassion (Newsome, Christopher, Dahlen, & Christopher, 2006). Rosenzweig and colleagues suggested that the demands of helping profession curricula and clinical training often do not leave time for directly teaching students self-care strategies (Rosenzweig, Reibel, Greeson, Brainard, & Hojat, 2003). They noted that individual students can take responsibility for engaging in these practices, but that there is typically no systematic training in self-care in graduate programs. According to Newsome and colleagues (2006), training programs may be compromised in quality if there is only *talk* of self-care, and no *teaching* of specific methods for self-care alongside academic pursuits. Several authors believe that learning to deal with stress in order to forestall burnout/compassion fatigue within training programs is a critical dimension of professional development (Baker, 2003; Brems, 2001; Newsome et al., 2006; Weiss, 2004). One method of teaching self-care is mindfulness-based group work.

Mindfulness as Effective Self-Care and Stress Reduction

Mindfulness is emerging as an important form of self-care that can be learned in experiential groups. Mindfulness entails paying attention to the present moment with awareness and without judgment (Kabat-Zinn, 1990). Conversely, *mindlessness* is blunted present moment consciousness, and may result in rumination about the past or anxiety about the future. In a state of mindlessness, emotions may drive behavior without an individual's awareness (Brown & Ryan, 2003). Mindfulness may be a particularly important concept for helping professionals, given that much of their job as helpers entails forming effective relationships with other people. Effective helpers

are aware of the needs and state of mind of the person with whom they are working (Rothschild, 2006). Similarly, it may be important for helpers to be aware of and attentive to their own needs and state of mind, so that they are present in both their personal and professional lives (Rothschild, 2006).

The core of mindfulness teaching emphasizes skillfully understanding, through conscious observation, how peoples' thoughts, feelings, and behaviors contribute to their own and others' suffering (Kabat-Zinn, 2003). It is important to note that mindfulness differs from relaxation training, in which the ultimate goal is to replace a less desirable physical and mental state (such as anxiety, stress, fear, or pain) with a more desirable state like calm, relaxation, or peace. The ultimate goal of mindfulness practices is to be present to whatever one experiences at the moment. As Kabat-Zinn (1993) observed, "acknowledging present-moment reality as it actually is, whether it is pleasant or unpleasant, is the first step towards transforming that reality and your relationship to it" (p. 261). By changing the way people relate to their experiences and increasing their self-compassion, they can change the way they perceive their circumstances, thereby lessening the impact of those circumstances on their well-being and reducing stress.

According to Neff (2003), "Self-compassion entails being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; perceiving one's experiences as part of the larger human experience rather than seeing them as isolating; and holding painful thoughts and feelings in mindful awareness rather than over-identifying with them" (p. 223). A compassionate attitude toward oneself may emerge from mindfulness, because self-compassion occurs when individuals gain clarity and perspective on their personal experiences (Neff, 2003). This definition suggests that compassion begins with oneself. It may be difficult to be an effective helper without the ability to be self-compassionate.

The concept of mindfulness has its origins in ancient Eastern spiritual traditions, and has been adapted for secular use in several interventions that are being increasingly used in medical and mental health settings. One of the primary and most rigorously studied group applications of mindfulness is Kabat-Zinn's (1990) Mindfulness-Based Stress Reduction (MBSR). MBSR groups usually meet for 8 weekly 1.5 to 2.5 hr sessions. Members are encouraged to practice MBSR outside of group for 45 min 6 days per week. MBSR groups for medical and premedical participants showed reductions in state and trait anxiety on the State Trait Anxiety Inventory, as well as increased scores on a measure of empathy called the Empathy Construct Rating Scale (Shapiro, Schwartz, & Bonner, 1998). A subsequent study examining

the effectiveness of MBSR for health care professionals showed that participants decreased their levels of stress and increased their quality of life and levels of self-compassion (Shapiro, Astin, Bishop, & Cordova, 2005). An additional two recent studies examined incorporating MBSR into curricula for helping professionals. A qualitative study examined a 15-week three-credit MBSR group included in curricula for counselors. Positive changes were observed in physical, emotional, mental, spiritual, and interpersonal aspects of participants' lives, including improvement in their ability to develop therapeutic relationships (Schure, Christopher, & Christopher, 2008). Another study incorporated MBSR into training for therapists, and found that participants reported decreased stress, and increased positive affect and self-compassion (Shapiro, Brown, & Biegel, 2007). These studies suggest there are positive physical, emotional, and psychological benefits gained from MBSR groups for helpers.

More empirical data are needed to confirm the usefulness of MBSR groups for preventing stress among helping professionals. Christopher and colleagues noted that quantitative studies are needed to confirm the positive effects noted in qualitative studies (Christopher et al., 2006; Newsome et al., 2006; Schure et al., 2008). They also suggested use of baseline measures to confirm that the changes that occur for individuals are not related to other factors (Christopher et al., 2006; Newsome et al., 2006; Schure et al., 2008; Shapiro et al., 2007). Also, no follow-up studies have been conducted on mindfulness groups with helping professionals, limiting understanding of their long term effects on participants (Christopher et al., 2006; Newsome et al., 2006, Schure et al., 2008; Shapiro et al., 2007). It could be useful to assess participants 1 month post-intervention for follow-up information to examine what, if any, lasting effects the intervention has. To address these deficits, the study reported here employed baseline and follow-up measures with helping profession students to assess the preventive impact of a mindfulness-based group.

METHODS

Participants

Thirty-one students (15 in one group and 16 in the other group) who were training for careers in helping professions (e.g., counseling, psychology, education, family/child science, nursing, sociology, communications, government, and physical therapy) at a university in the Southwest participated in a MBSR group. Nineteen were undergraduate and 12 were graduate students. The groups were

composed of Latino ($n = 17$), Anglo ($n = 12$), and Bi-ethnic Anglo/Latino ($n = 2$) participants. There were 27 females and 4 males. Their ages ranged from 21 to 54, with a mean age of 29.26, and a standard deviation of 9.61.

Measures

Perceived stress. The Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983) is a 10-item self-report instrument used to assess the extent to which respondents appraise life events as stressful during the last month. Items were created with the intention of assessing how unpredictable, uncontrollable, and overloaded respondents perceive their lives to be. Higher scores indicate higher levels of perceived stress. Examples of items include, "In the last month, how often have you felt nervous and stressed?," "In the last month, how often have you found that you could not cope with all the things that you had to do?," and "In the last month, how often have you felt that things were going your way?" The PSS was found to be reliable at each of the four testing times in the current study (Cronbach's alphas: pre-pre = .925, pre = .899, post = .895, follow-up = .891).

Mindfulness. The Mindfulness Attention Awareness Scale (MAAS; Brown & Ryan, 2003) is a 15-item self-report instrument that measures respondents' attention to and awareness of present moment experiences in daily functioning. Examples of items include, "I tend to walk quickly to get where I'm going without paying attention to what I experience along the way," "I do jobs or tasks automatically, without being aware of what I'm doing," and "I find myself preoccupied with the future or the past." The MAAS focuses on two aspects of mindfulness: awareness and attention, as opposed to other attributes that have been associated with mindfulness (e.g., acceptance, empathy, or gratitude; Brown & Ryan, 2003). Items were constructed to reflect general mindfulness or mindlessness in everyday activities, as well as awareness of and attention to interpersonal communication, emotions, thoughts, and physical states. The MAAS was found to be reliable at each of the four testing times in the current study (Cronbach's alphas: pre-pre = .867, pre = .894, post = .755, follow-up = .892).

Self-compassion. The Self-Compassion Scale (SCS; Neff, 2003) is a 26-item self-report measure that yields six subscale scores (three 2-factor models) and a total SCS score. Participants respond to each item using a 5-point scale ranging from 1 (*almost never*) to 5 (*almost always*). Example items include, "I try to be loving to myself when

I'm feeling emotional pain," "I'm disapproving and judgmental about my own flaws and inadequacies," and, "When I'm down and out, I remind myself that there are lots of people in the world feeling like I am." Only the SCS total score was used in this study. The SCS total score was found to be reliable at each of the four testing times in the current study (Cronbach's alphas: pre-pre = .922, pre = .927, post = .940, follow-up = .950).

Participants' reactions. Participants also were asked to write a brief description of their experience in the group and how it affected them. These written responses were reviewed by the investigators, and examples that were representative of a number of participants' reactions are presented in the Discussion section of this article.

Procedure

The University Institutional Review Board approved the study prior to the recruitment of participants. Group members were recruited via postings and in-group announcements publicizing a group on self-care for helping professionals. They earned academic credit for participating in the group. Group members completed a demographic questionnaire and the Perceived Stress Scale, the Mindfulness Attention Awareness Scale, and the Self-Compassion Scale at an organizational meeting 4 weeks prior to the start of the group (pre-pre-test). Psychological measures were re-administered 4 weeks later at the beginning of the first group meeting (pre-test). Comparison of pre-pre to pre-test scores offered pre-intervention baseline assessments of group members' scores on the measures. The group members retook the measures as a post-test at the end of the seventh group meeting, and finally 4 weeks later after the last group meeting to obtain follow-up data. Comparison of pre-test to post-test scores and follow-up scores offered evidence of the MBSR groups' immediate and sustained impact. Group members' scores on the measures were interpreted to them individually after the completion of the group, if requested by the participant.

Intervention

Two separate MBSR groups were facilitated by the same two leaders following an identical format. Sixteen students were in one group and 15 in the other. One group was run in the fall semester and the other group was offered the spring semester of the same academic year.

The groups met for 8 weekly 90-min group sessions. Techniques for MBSR that could be integrated into the group members' work as helping professionals were taught. The group could be typified as pursuing developmental/preventive goals through a guidance/pscyhoeducational process (Waldo & Bauman, 1998). In accordance with recommendations made by Furr (2000) about structuring psychoeducational groups, the groups' goals were challenging, attainable, and measureable, as follows: (a) to provide group members with techniques and skills for self-care; (b) to foster group members' understanding of indigenous traditions of contemplative practice from both Eastern and Western cultures; (c) to foster group members' awareness of mind/body medicine; and (d) to encourage group members to adapt contemplative practice to health care. The beginning of the group was dedicated to learning mindfulness practices. The middle included application of the practices to group members' lives. The end included self-reflection and speculation about integrating mindfulness practices into group members' lives in the future.

Consistent with recommendations for psychoeducational group work made by Jones and Robinson (2000), the group activities attempted to match the group stage, with the most intense work occurring during the middle of the group, and the least intense activities occurring during the beginning and ending stages of the group. Group members learned four specific practices: qigong (an ancient Chinese practice used for cultivating health), gentle yoga, sitting and walking meditation, and a body-scan exercise (a type of conscious body sensation practice that stresses the goal of awareness instead of relaxation). Qigong was an additional mindfulness practice added to the MBSR curriculum, as utilized by Christopher et al. (2006). The group leaders first described the practice, then demonstrated it, and then encouraged group members to try it. After all the group members had tried a practice, the leaders facilitated a discussion of their experience. What follows is a quote that is typical of what a leader said when guiding the groups. During practice of sitting meditation, a group leader said, "pay attention to your breath, and when your thoughts wander, as they inevitably will, notice that you are distracted, and gently and compassionately return to focusing on your breathing." Group members were encouraged to engage in one of these practices for a minimum of 45 min 4 times a week. Weekly emails were sent out reminding group members to practice. Group members kept a weekly log of their practices, including the frequency and duration of practice utilized. They reported the progression of their practices and any difficulties encountered to the group. Group members were also given readings on stress, burnout, and empirical and philosophical articles on mindfulness.

Leadership

Both groups were led by two counselors who held masters degrees in mental health counseling and clinical psychology, and were pursuing doctorates in counseling psychology. Both leaders had practiced hatha yoga and meditation, and had engaged in mindfulness-based practices for 6 years. The leaders' experiences included leading an MBSR group at a university counseling center, completing a group entitled Mind-Body Medicine and the Art of Self-Care, attending 7 days of professional training with the creators of MBSR, and co-leading MBSR groups for individuals living with HIV/AIDS and medical residents at a family practice.

RESULTS

Descriptive statistics (means and standard deviations) for each of the dependent measures are presented in Table 1. Independent t-tests were conducted to assess if there were significant differences between the two groups or between the males and females in the groups on perceived stress, mindfulness, and self-compassion on pre- and post-tests. No significant differences ($p < .05$) were found between the two groups, apart from a difference between the two groups on self-compassion at the pre-test. This difference was not evident at the post test. In addition, no significant differences were found between men and women. Data from both groups and the men and women within the groups were combined for analysis.

Changes in group members' scores on the Perceived Stress Scale, the Mindfulness Attention Awareness Scale, and the Self-Compassion Scale were assessed using repeated-measures ANOVA's (Hinkle, Wiersma, & Jurs, 2003), followed by post-hoc analysis using the Bonferroni correction. The results of the repeated-measures one-way ANOVAs for each measure are reported below, followed by the results of the post-hoc analysis testing each hypothesis.

Table 1 Means and Standard Deviations for PSS, MAAS, and SCS

	Time 1		*Time 2*		*Time 3*		*Time 4*	
Variable	M	SD	M	SD	M	SD	M	SD
PSS	21.06	7.33	21.58	6.75	15.10	5.83	14.23	5.44
MAAS	3.51	0.82	3.38	0.90	4.06	0.52	4.29	0.72
SCS	2.77	0.64	2.78	0.65	3.52	0.64	3.67	0.69

Note: Time 1 = pre-pre, Time 2 = pre, Time 3 = post, Time 4 = follow-up, $n = 31$.

Analysis of perceived stress scale (PSS). A repeated-measures analysis of variance showed significant reduction in group members' stress as measured by the Perceived Stress Scale ($F = 26.14$, df = 3, $p < .0001$).

There was no significant change between pre-pre-intervention and pre-intervention scores on the Perceived Stress Scale (mean change score = −.516, SE = .905, p = 1.00), indicating that no significant changes in perceived stress occurred during the baseline interval prior to the start of the mindfulness group. There was a significant decrease between pre-intervention and post-intervention scores on the Perceived Stress Scale (mean change score = 6.484, SE = .956, $p < .0001$), indicating that significant reductions in perceived stress occurred after the mindfulness intervention was completed. There was no significant change between post-intervention and follow-up scores on the Perceived Stress Scale (mean change score = .871, SE = .703, $p = 1.00$), indicating that there were no significant changes in perceived stress from the completion of the group to 1-month follow-up.

Analysis of mindfulness attention awareness scale (MAAS). A repeated-measures analysis of variance showed significant gains in group members' mindful awareness as measured by the Mindfulness Attention Awareness Scale ($F = 19.57$, df = 3, $p < .0001$).

There was no significant change between pre-pre-intervention and pre-intervention scores on the Mindfulness Attention Awareness Scale (mean change score = .129, SE = .092, $p = 1.00$), indicating that no significant changes in mindfulness occurred during the baseline interval prior to the start of the mindfulness group. There was a significant increase between pre-intervention and post-intervention scores on the Mindfulness Attention Awareness Scale (mean change score = −.684, SE = .161, $p < .001$), indicating that significant changes in mindfulness occurred after the mindfulness group was completed. There also was significant increase between post and follow-up intervention scores on the Mindfulness Attention Awareness Scale (mean change score = −.224, SE = .068, $p < .016$), suggesting that levels of mindfulness continued to increase significantly from the completion of the group to 1-month follow-up.

Analysis of self-compassion scale (SCS). A repeated-measures analysis of variance showed significant increases in group members' self-compassion as measured by the Self-Compassion Scale ($F = 42.36$, df = 3, $p < .0001$).

There was no significant change between pre-pre-intervention and pre-intervention scores on the Self-Compassion Scale (mean change score = −.014, SE = .070, $p = 1.00$), indicating that no significant

changes in self-compassion occurred during the baseline interval prior to the start of the mindfulness group. There was a significant increase between pre-intervention and post-intervention scores on the Self-Compassion Scale (mean change score = −.741, SE = .106, $p < .0001$), indicating that significant increases in self-compassion occurred after the mindfulness group was completed. There was no significant decrease between post-treatment and follow-up scores on the Self-Compassion Scale (mean change score = −.144, SE = .058, $p < .111$), indicating that there were no significant changes in self-compassion from the completion of the group to 1-month follow-up.

DISCUSSION

Perceived stress, self-compassion, and mindfulness only changed after participation in the mindfulness group. It was expected that levels of the dependent variables would not change at baseline (e.g., pre-pre- to pre-intervention), but would change from pre- to post-intervention. Levels of perceived stress and self-compassion also remained stable at 1-month follow-up. This suggests that perceived stress did not increase significantly and mindfulness did decrease significantly in the absence of the intervention. The findings suggest that the intervention had effects that lasted 4 weeks. Also, mindfulness increased at follow-up, suggesting that the group fostered continued development of mindfulness after group members stopped attending the group.

Kabat-Zinn (1990) asserted that mindfulness can allow people to change their relationship to the stressors in their lives, and therefore, improve the way in which they respond to stressors. While group members may not have control over their environments, and in particular their work environments, they may learn to have increased cognitive control over how they appraise their environments (as stressful or not; Lazarus & Folkman, 1984). Mindfulness groups may help group members learn how to appraise situations differently and may provide a method of coping not previously available to them. Results of this study suggest that learning about and using mindfulness practices in the group helped to directly influence group members' perceptions of their stress levels.

Group members' comments illustrate how one's appraisal of environmental stress may have promoted change: "I understand that I am doing what *I* can do, and that much of the present situation is simply beyond my control," "There is no way really to eliminate stress, but there are several ways to deal with how we approach it," and, "Learning to make time for myself has been wonderful, it has

helped me deal with stress as it happens and see things with greater perspective."

That there was no significant decrease between post-intervention and follow-up scores on the PSS suggests the mindfulness group had benefits that lasted at least 4 weeks. It appears that the mindfulness group fostered skills that continued to help group members control perceived stress after the conclusion of the mindfulness group. Mindfulness groups may help group members learn skills and perceive their lives differently, and these changes may result in sustained decreased levels of perceived stress.

Results of this study showed that mindfulness significantly increased between pre-intervention and post-intervention on the MAAS for the 31 participants. This result suggests that learning about and using mindfulness practices helped to directly influence group members' levels of mindfulness. Mindfulness training appears to have helped group members learn to be more conscious and present in their lives, and may have helped them become aware of their tendency to be *mindless* at times. Group members' comments illustrated this point: "Learning how to eat mindfully has helped me with my diet because I eat slower and pay attention to my body signals for when to stop, when I've eaten enough. I also try to wash the dishes mindfully. It helps me to breathe and not think about anything else but washing the dishes. It feels like they get done faster and I feel like I do a better job," and "I am able to concentrate better because I am living in the moment instead of dwelling in the past."

Group members' mindfulness levels continued to significantly increase 4 weeks following the group. This may suggest that the group helped members develop skills and perspectives that fostered their ongoing development of mindfulness. Mindfulness training may teach group members to become more aware and attentive to themselves and their lives. While perceived stress and self-compassion scores did not change from post-intervention to follow-up, it may be possible that with time, the benefits of increased mindfulness may positively affect levels of perceived stress and self-compassion.

Results of the study showed that self-compassion significantly increased between pre-intervention and post-intervention, suggesting that learning about and using mindfulness practices helped to directly influence the 31 group members' self-compassion levels. Mindfulness may have helped them learn how to become more aware of their tendencies to be self-judgmental, to feel isolated in difficult times (e.g., "I'm the only one struggling with this problem"), and to react negatively to thoughts, feelings and situations. Further, the mindfulness group may have helped them learn how to let these negative reactions pass.

Again, group members' comments illustrate these points, as follows: "I am beginning to have more self-compassion, and I am much more aware of when I am putting myself down or disapproving of how I am feeling about something," "Prior to this group, I did not understand the momentous effects self-care, or lack of self-care, can have on the outcomes of other parts of one's life and the manner in which one related to others. I understand now one must employ self-care in the form of self-compassion and non-judgmental acceptance of self before one can relate and extend these qualities to others."

That there was no significant decrease between post-intervention and follow-up scores on the SCS supports the idea that self-compassion remained stable following the group. The stability in self-compassion following the group may suggest that the mindfulness group helped the 31 members develop an awareness of the importance of self-compassion, an awareness that remained with them even after the conclusion of the mindfulness group.

Limitations and Recommendations for Future Research

Several limitations should be considered when interpreting the results of this study. First, the study employed self-report measures. Confidence in the results is based on the assumption that the group members filled out the measures given to them honestly and accurately. Additionally, the measures utilized in this study were normed primarily with Anglo individuals, which may limit the ability to accurately generalize to other cultural groups. Use of observational measures and instruments that have been normed on minority groups could improve future research.

Given that the group members were all trainees planning to go into the helping professions, the data collected cannot necessarily be generalized to individuals already in the helping professions. Also, data are not available regarding how the group will impact group members' future levels of perceived stress, mindfulness, and self-compassion as they work with individuals in their future career. Conducting a similar study with helping professionals who are actively serving clients and conducting follow-up studies with group members who have gone on to careers helping clients could make valuable additions to the literature.

While participants' comments offer some insight into the impact of the group process and the prevalence of therapeutic factors, group process and group therapeutic factors were not directly measured in this study. Understanding the role group process and therapeutic factors play in mindfulness groups could be helpful for identifying ways to make the groups more efficient and effective (Yalom & Leszcz,

2005). Future research could assess the prevalence and impact of these important variables in mindfulness groups and distinguish any added benefit to learning and practicing mindfulness in groups as opposed to individually.

Finally, there was no separate control group for this study. Group members acted as their own controls. The three measures utilized in the study were given to the group members four times over the 14-week period, which may have resulted in familiarity with the instruments and/or contributed to fatigue. It is possible that familiarity with the instruments followed by experiencing the intervention affected how participants responded (Campbell & Stanley, 1977). Conducting a similar study including a randomly assigned control group within a Solomon four research design would address this limitation.

Implications for Practice

Despite its limitations, this study does offer compelling evidence for including mindfulness groups as part of the training for students entering helping professions. Given the evidence that self-care makes a critical contribution to helpers' sustained effectiveness and persistence in the field, it is important that helpers be equipped with tools to address the stressors inherent in their profession (Christopher et al., 2006; Figley, 2002; Maslach et al., 2001). Significant and sustained gains in stress reduction, mindfulness, and self-compassion argue that mindfulness groups offer significant benefits for future helping professionals.

Results of this study suggest that MBSR group work with people receiving training to enter helping professions reduces stress, increases mindfulness, and increases self-compassion. These results support further investigation into the impact of MBSR groups, including investigating how group dynamics contribute to MBSR training, and assessing the impact MBSR groups have on people who are currently employed in helping professions.

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