What factors motivate and support an 8-week mindfulness course participant to establish and maintain a mindfulness practice?

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Declaration: I certify that all material in this dissertation which is not my own work has been identified and that no material is included for which a degree has previously been conferred upon me.

Abstract

The factors influencing what helps participants of an 8-week mindfulness course were reviewed. Participants were interviewed about what had helped them establish and maintain a mindfulness practice half-way through the course, at the end, and a month or two months afterwards to ascertain whether these factors changed with time. A literature review was also undertaken in the areas of mindfulness literature, health psychology literature and original and modern Buddhist texts. Themes were found across these differing sources of self-efficacy; planning/commitment; protection motivation/self-care; beliefs about the practice and about the threat of low mood, anxiety etc.; social factors/supportive environment; relationship with the teacher/ behavioural contracting and rewards/benefits. These themes were examined from the angles found in the literature and from the content of the interviews. Considerable agreement was found between these sources although the mindfulness and Buddhist literature had a stronger emphasis on self-care than any health psychology literature. The factors of self-efficacy, self-care and experiencing the rewards of mindfulness practice appear to be the most crucial in sustaining a practice. The factors of planning, social factors, relationship with the teacher and beliefs were found to be less important although they can be important as supports, particularly during the initial phase and if practice becomes difficult. Most factors did not change much temporally, except for the motivation of self-care which increased considerably for some participants. It is hoped that these findings will help teachers of mindfulness-based approaches support course participants in establishing and maintaining a mindfulness practice by giving them a clearer understanding of what factors may need to be understood and addressed.

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There are many positive things we can do to improve and maintain our physical and mental health, such as exercise, eating well, refraining from using harmful substances, taking necessary medication and going for check-ups and screenings. All of these things can be grouped together as 'health behaviour'. Yet despite this wealth of information about the positive actions we can take, following the advice (adherence) can present a significant problem for many people: we often struggle to establish or maintain healthy habits.

Many studies show that eight-week MBCT/MBSR courses improve both mental and physical health, and Kabat-Zinn (1996) and Segal, Williams & Teasdale (2002) assert that it is the regular practice of mindfulness that makes the changes, though the research has yet to conclusively show this to be the case. The benefits derived from the course are certainly wide-ranging - reduced recurrence of depression (Segal et al., 2002), reduced anxiety, (Kabat-Zinn et al., 1992), lowered blood pressure, improved immune response (Davidson et al., 2003). Indeed, Epel (2012) found that by mitigating stress, a long-term meditation practice may even decelerate cellular aging.

There is some debate about whether the level of practice undertaken by participants affects the outcomes, as Langdon, Jones, Hutton & Holttum found:

> based on the theory of Segal et al. (2002), higher frequency and duration of mindfulness practice should be associated with more positive outcomes since the ability to switch to a being mode is strengthened by practice. Although Vettese et al. (2009) review of evidence found mixed results regarding this, there were limitations in most studies. Moreover, arguably, the best quality study so far (Carmody & Baer 2008) has found a significant positive association between the amount of formal meditation practised during the MBSR course and improvements in symptoms and wellbeing. (Mindfulness 2011)

Clearly more research is needed into this question and it is beyond the scope of this paper to discuss this further.

Yet despite all these potential benefits, as Sucitto (1988) observes,

> The solitary meditator faces diminishing will-power as there's often something else to do that seems more important (p.22).

Mindfulness practices, like other health behaviours, often fall by the wayside. The question I aim to answer is how we, as teachers, can best support participants in establishing a regular mindfulness practice so they have the best chance of experiencing its benefits.

Data sources

I have read selectively the area of healthcare treatment adherence, secular mindfulness literature, Buddhist literature from the original texts (Pali Canon), the Theravada and Thich Nhat Hanh's Community of Inter-being traditions from which the mindfulness practices are drawn (Kabat-Zinn 2011). I have also conducted semi-structured interviews with nine course participants at three stages in their practice; halfway through the course, at the end of the course, and two to three months after the course finished, asking them what they found helped or hindered them in establishing and maintaining a meditation practice. I will be using anonymised quotes from these interviews to support or refute the relevance of the literature, or add a new perspective. One person decided not to continue with the course after three weeks so I interviewed her once only.

Defining adherence

The question of defining adherence in Mindfulness-Based Approaches (MBAs) is an interesting one because the practice takes many forms, including long 'formal practices' such as body scan, mindful movement and sitting meditation, short formal practices such as the three-minute breathing space, and moments or periods of awareness in daily life, the 'informal practice'. For the purposes of this thesis I will define adherence as a deliberate formal practice of mindfulness, either long or short, as Carmody & Baer (2008) found it was these formal practices that affected the facets of mindfulness measured. Moments or periods of being present were often described by participants as coming unintended, so they cannot be described as behaviour, although they may be a result of doing the 8-week course.

It has been argued by Langdon et al. (2011) that mindfulness is less of a behaviour than a way of being; there is truth in this, but I would argue that this 'being mode' is supported by

regular formal practice as Kabat-Zinn (1996) says 'Walking the path of awareness requires that you keep up the meditation practice. If you don't the way tends to get overgrown and obscured.' (p.430). Langdon et al. (2011) also found that 'the ability to switch to a being mode is strengthened by practice.' It would make interesting research to see if a mindful attitude, or 'being mode' can be maintained without formal practice. (See below for a discussion on how practice can change over time.)

Mindfulness meditation falls into the area of positive action for health such as exercise, as opposed to abstention actions for health such as giving up addictive substances. Indeed, exercise seems to be the most similar habit to regular mindfulness practice, in that it is frequent and regular (unlike, say, a mammogram), takes a significant period of time and energy (unlike taking a pill), is sometimes pleasant and sometimes not and has long rather than short-term benefits that are not always immediately apparent. Meditation practice can also be undertaken for either short or long periods, alone, with a friend or in a group, just like exercise. In the literature on health-behaviour change there have been no qualitative or quantitative studies on the factors supporting or hindering regular meditation practice, so I have quoted from studies conducted on what factors support people to maintain regular exercise, as this seemed the closest match from the range of health behaviours studied though it is not, of course, identical. Mindfulness practices differ from exercise in not requiring a state of physical health to perform, not being influenced by weather like outdoor exercise, or special equipment like most indoor exercise does (equipment, DVDs etc). Many participants find they do need their own private space to practice undisturbed, which may not be necessary for exercise.

Themes

I found several themes which appeared across my data sources so I will present my findings by theme, examining how each data source contributes. Within each theme I will first look at the healthcare literature, then the mindfulness literature, then the Buddhist sources, quoting from interviews where relevant, and drawing a conclusion within each section.

The themes I have found can be broadly grouped into two categories; factors internal to the participant, which s/he brings to the course, and factors external to the participant. As we will

see, this is not an absolute division, and both external and internal factors can be influenced by the teacher to benefit the participant.

Internal factors are:

- Self-efficacy
- Planning/commitment
- Protection motivation/self-care
- Beliefs: about the practice and about the threat of low mood, anxiety etc.

External factors are:

- Social factors/supportive environment
- Relationship with the teacher/ behavioural contracting
- Rewards

Self-efficacy

Self-efficacy is defined by Bandura (1997) as 'beliefs in one's capabilities to organise and execute the courses of action required to produce given attainments.' This capacity can be used in different spheres, but Bandura argues that 'among the mechanisms of agency, none is more central or pervasive than beliefs of personal efficacy'. I see self-efficacy slightly differently, as a less cognitive and more embodied aspect of ourselves; a basic driver, motivating force or 'get-up-and-go'.

Self efficacy appears in several of the health behaviour change models that try to explain and predict what factors influence people's behaviour around their health, such as the revised Health Belief Model which argues that health behaviour is determined by beliefs about one's susceptibility to, and the severity of the disease, and by beliefs about how effective the treatment is and one's own ability to carry out the behaviour: self-efficacy (Rosenstock 1988). Abraham and Sheeran (2005) summarised the research into the predictive power of this model and found that self-efficacy is a good predictor of health behaviour.

Protection Motivation Theory is similar, and was developed to assess the effectiveness of increasing people's fear of illness in motivating them to take preventive action, and argues that the likelihood of a person undertaking a health behaviour stems from a person's appraisal of the threat of disease and appraisal of one's coping ability – a combination of the perceived efficacy of the offered behaviour or treatment and one's own ability to carry out the behaviour: self-efficacy (Rogers 1975, 1983). In a meta-analysis of studies testing this theory, Floyd, Prentice-Dunn & Rogers (2000) found that self-efficacy had the largest effect of any of the variables, although the others were also significant. (See below for a discussion on protection motivation.)

Social cognitive theories also include self-efficacy and expectancy of the consequences of the behaviour, adding environmental factors as another determinant of whether the behaviour will be carried out or not (Bandura 1986, 1997).

It would seem from this evidence that self-efficacy is a key factor determining whether or not people carry out health behaviour, and Norman & Conner (2005) write 'self-efficacy has been found to be a key predictor of initiation and maintenance across a variety of behavioural domains including physical activity' (p.349); Luszczunska & Schwarzer (2005) found that 'behavioural change is made possible by a personal sense of control' (p.128).

Course participant Georgie certainly found her high degree of self-efficacy was useful, and made another interesting point:

> What's helped is my bloody-mindedness … if I approach something I decide I'm going to do it – it's good and bad – it's meant I sit down and do it, on the flip-side it's a dodgy motivation at times, I want to improve and get results which isn't really congruent with the approach'… 'The tendency to judge is the downside of the perfectionist tendency 'if I can't get this right I'm going to be judging myself' 'I'm useless, this is useless'.

She managed both to establish a regular practice during the course and maintain a level of practice that she was happy with after the course had finished, demonstrating the crucial importance of self-efficacy. Interestingly, she commented on how useful 'being mode' was to her, and the practice of being gentle on herself, saying in the final interview 'the lowering of my standards is a good thing, a more relaxed approach.' So her self-efficacy served her well,

and its potential for being stuck in 'doing mode' was reduced by the course. She had found for herself what Sucitto (2012) advises us to do, practising 'wise discernment – what resolutions are pertinent and useful to you?' (p.167)

Mindfulness literature agrees about the importance of motivation: in the foreword to 'Mindfulness: finding peace in a frantic world' (2011), Kabat-Zinn urges the reader to be disciplined and committed to the practice, and to stick with it for a period of time, while keeping a lightness as well.

In the Buddhist literature this is also emphasised, as Gunaratna (2001) puts it 'you never achieve anything great without effort…you must be willing to discipline yourself if necessary' (p.171).

Resolve, or determination, (Adhitthana parami) is also the eighth of the ten paramis or perfections that appeared in later Buddhist commentaries (Access to Insight 2013). As Sucitto (2012) describes, 'this parami is then a foundation: intentions are pretty weak if one has no resolve to carry them out. You have to make the resolve to practise if you are to follow any path at all' (p.153).

In the Pali Canon, the Buddha encourages us to exert Right Effort (Samma Vayamo) (Access to Insight 2/12/2013) in our practice - a practice of bringing enough effort, but not too much, as he explains using the metaphor of tuning a stringed instrument so the strings are neither too slack nor too loose. He is indicating that the practice will not happen by itself and that some application will be necessary; indeed his last words were 'Strive with earnestness!', (Access to Insight 2/11/2013) yet also cautions us against applying excessive effort, which could be similar to the 'doing mode' of excessive striving, with its tendency to generate tension. (Segal et al., 2002)

These abilities to make a resolution and apply right effort to carry it out are similar to self-efficacy, although it includes the wisdom of non-striving (as also described by Kabat-Zinn 1996), so the danger of becoming driven, as Georgie described above, is reduced.

It seems clear that self-efficacy is important in helping people to establish and maintain a mindfulness practice, but as any teacher will have noticed, participants, just like any other

group of people, have it in differing degrees. Fortunately this is not a fixed variable in people, so in the next section I will discuss what can be done to help participants increase their self-efficacy.

Bandura (1997) discusses four ways of boosting people's beliefs in their own self efficacy. It can be improved by

- mastery experiences – experiences of successfully completing a task, and not being put in a situation where they are likely to fail
- social models – seeing peers successfully completing a task
- social persuasion
- reducing stress reactions

I will look at each of these.

Firstly, mastery experiences: the 8-week course contains a variety of practices, short and long, formal and informal, giving participants a wide range to choose from. In my experience of teaching (and practising) most people tend to prefer some practices to others, (Kabat-Zinn 1998) so there is a good chance that they will find at least one practice through which they feel they can cultivate mindfulness. The commonly used phrase 'as best you can' is also empowering as it helps participants to feel that what they can do is enough; Williams & Penman (2011) are also seeking to empower participants by saying 'meditation is not complicated. Nor is it about 'success' or 'failure'(p.7). Participants are thus encouraged to continue, freed from the perceived threat of failure.

Meichenbaum & Turk (1987) surveyed health-care providers on what helped patients adhere to their treatment regimes. They found that encouraging patients to record what they have achieved and to take pride in what they have accomplished, as well as bolstering the patients' self-confidence, were all helpful strategies. All of these fit with MBAs and could be helpful in increasing a sense of mastery.

Secondly, vicarious experiences: these are often provided by the group participants, who then inspire and support each other; most of the participants I interviewed commented on how

supportive the group was. (For more discussion on social factors and environments, see below.)

Thirdly, social persuasion: in teaching we do exactly that; giving participants guidance to help them stay present during the practices, encouraging participants to practice at home , and highlighting what they have achieved and the benefits they have experienced. Bandura (1997) also cautions against raising unrealistic expectations in a participant as this will only undermine their beliefs in their own capabilities. This area will be further discussed below in the section on relationship with the provider.

Bandura's fourth way is of course a major reason why people seek out mindfulness courses and may go some way to explaining why the courses are often empowering to participants, as Eleanor found saying how it helped her to know she could 'tune in any time, I don't need special equipment, or to spend loads of money'.

Giving authority to the participants is also a part of empowering them and boosting their self-efficacy and confidence, and is a key facet of MBA teaching, as Segal et al. (2002) describe:

> Empowerment of participants is absolutely essential if they are to get the required amount of experience in using mindfulness. In the service of empowerment, learning should be based, wherever possible, on participants' own experience rather than lectures from the instructor, and should embody the assumption that participants are the experts on themselves. (p.92)

Buddhist literature also seeks to foster self-efficacy, saying 'don't set goals for yourself that are too high' (Gunaratna 2011, p.71). Many Buddhist books on meditation encourage beginners to start with short practices, not worry when the mind wanders etc., so that people gain some mastery experiences and/or some benefits, rather than setting up unrealistic goals and then feeling they have failed. They also emphasise the importance of patience (one of the seven attitudinal foundations also outlined by Kabat-Zinn 1996) and a quality encouraged by Buddhist teachers such as Sucitto (2012), so that people do not have unrealistic expectations of quick results which can then lead to feelings of failure.

Keith had struggled with self-efficacy, but also showed how mindfulness can be instrumental in improving it:

> like a lot of good things… I procrastinated, even though I knew I wanted to do it. It's like a self-destructive, self-defeating thing inside me. Maybe I have a pattern within … which says 'I don't know if you're going to do that'…' the message is based on an idea you have about yourself, an identity, over years of creating your identity of who you think you are, you're not going to be able to do that. It's been a source of great frustration, it's held me back.

By the end of the course he was finding that mindfulness practice helped him in coping with self-defeating tendencies: 'The self-defeating voice is still there. The crucial thing is I'm more aware of it than I was before. I can notice it and as a result I can make a positive change in the moment.'

He also said in the final interview 'I'm much more disciplined now than before the course', an interesting contrast to the highly-motivated Georgie quoted above.

Conclusion

As we have seen from the literature and interviewees, self-efficacy is crucially important in establishing and maintaining meditation practice, which indicates that one of our roles as teachers is to help participants believe in their ability to do the practice. We can do that by emphasising when they have been mindful, rather than when they have not, by encouraging them to be realistic in their practice 'goals', by encouraging them to let their own instinct be their guide, and by letting them know that the practice is accessible for anyone but is not necessarily easy, despite its simplicity. We can also guide participants according to their needs, either to improve their motivation or be less driven.

Planning/commitment

Setting goals and making plans are common ways of helping us to achieve a target. The language has to be used carefully in a mindfulness context where we invite participants to let go of goals to a certain extent and be present and accepting with what is, but nonetheless

setting a goal of formal practice can be a helpful support. This is quite different to setting a goal such as 'I will feel relaxed at the end of this practice'; it is a behavioural goal rather than an outcome goal. It is also important not to get too fixated on goals; just as Kabat-Zinn urges readers to be disciplined with their practice in the foreword to 'Mindfulness: finding peace in a frantic world' (Williams & Penman 2011), he also encourages them to bring a lightness to it to mitigate this risk.

Implementation intentions build on goal intentions, moving for example from 'I will do regular mindfulness practice', to specifying times and places. This can relate to cues such as time (i.e. just home from work), place (i.e. this cushion), activity (i.e. getting on the train), and can be formulated as an 'if-then plan.' 'If I'm on the train to work, then I will do the body scan.' (This exact strategy works for many commuters using public transport.)

Suzanne used just such a plan to support herself:

> having that regular time and I've stuck with it, putting the body scans in place…generally when I came home after work, around 6, in my bedroom, with a mat that I lay down with, …having a good regular practice.' 'having a structured approach is better for me than being left to my own devices although that's not what I grew up with.

When she tried to practice without that supporting structure, it was more difficult: 'this week things have gone out the window….it feels like I need to have a specific time that I would regularly carry that out.'

We often do not follow long-term goals, getting distracted by other things that are more attractive in the short-term (Gollwitzer 1993). An 'if-then plan' can help us overcome this unfortunate tendency (Sheeran, Milne, Webb & Gollwitzer 2005). They work for both internal and external distractions, and whether we are aware of the barrier or not – whether we just keep forgetting (an internal barrier) or think about doing something else (an external distraction) (Sheeran et al., 2005).

Without such a plan or routine, Lucy had found it hard to re-establish a practice after her initial success with it, and had then found competing priorities took over:

> I found I was thinking about it too late in the evening – it's so hard to break habits…During the course I used to practice straight after putting my daughter to bed – that worked for a while but then the routine was broken by builder chaos and I didn't manage to get into the routine after that…it's easier to put a DVD on.

In the absence of a routine, Liam also struggled: 'I know I benefit from having a routine, but it's difficult for me to do…I like having structure behind me.'

Is planning always necessary? No, according to Sheeran et al. (2005): implementation intentions or clear plans are only required when the task is challenging; if it is easy then motivation is enough. Some participants find the practice a good deal more challenging than others; these may be the ones who need to give themselves this extra support. Most participants have phases when it is easier and phases when it is harder, and during those times when it is more difficult then a plan could be a helpful support. Bartley (2012) describes making action plans for difficult times which include doing the course again alone, phoning a friend for support, and keeping up a daily practice. Burch (2008) suggests that participants prepare a personal 'first-aid kit' of the practices they find most useful for when motivation is low (p.237).

In the mindfulness literature there are encouragements to make space for practice and 'weave the practices into a routine that is sustainable long-term' (Williams & Penman 2011, p.241) but little on the specifics of how people might go about doing that. Segal et al. (2002) describe a section in the last session where people make plans for future practice (p.299). Kornfield (1994) suggests creating a regular a time and space to practice; Sucitto (1988) agrees, suggesting we 'find a time and a place which affords you calm and freedom from disturbance' (p.3).

It seems then that helping participants form a definite plan of when they will carry out the practices will be useful, although we need to be careful that it does not become yet another chore. Fliss was aware of this possibility - 'I don't want to set up too many things that I have to do'. I have often explored this with participants in my own teaching, helping them to see it

as an activity they do to care for themselves rather than a demand on their time. (See below for further discussion on self-care.) Sumedho (1995) also discusses this, encouraging us to see meditation as important as sleeping and eating rather than another duty or burden, and letting us know that eventually it becomes something to look forward to, as an opportunity to get out of mental ruts.

Having a clear commitment can also reduce time spent wondering about whether to do the practice or not (Gollwitzer 2011). As Georgie said 'It's useful to pre-emptively make decisions, it saves time.' Similarly, Zoe said 'If there's a moment's hesitation then I remember my commitment.' Conversely, Liam had not made that clear commitment and struggled to establish a practice.

Among the interviewees it was clear that those who had established a routine or clear 'if-then plans' found them highly supportive; those who felt they needed to, but had not managed to, then struggled to practice regularly despite best intentions.

Conclusion

For almost everyone, making a plan is likely to be helpful as it means the decision is 'already made' so the almost-inevitable competing demands are less strong. This will not be enough by itself but it can be a useful support.

Participants with a lower level of self-efficacy, or who are finding the practice challenging for any reason, are likely to find making a plan particularly useful. Those with a high level of motivation or self-efficacy may become too driven, so my suggestion would be for the teacher to invite participants to reflect on their tendencies and needs in this area throughout the course (and maintain this afterwards) to help them decide on an appropriate course of action.

Protection motivation/self-care

Protection Motivation Theory (see above) was developed to understand whether increasing people's fear of disease would motivate them to take action to reduce the unpleasant

emotional state of fear (Norman, Boer & Seydel 2005). This has been found not to be effective in fact increasing people's level of fear of disease, rather than increasing healthy behaviours, was often negatively correlated with exercise (Seydel, Taal & Wiegman 1990, Plotnikoff & Higginbottom 2002). Why might this be? If people are anxious about their health, they may engage in maladaptive coping strategies such as denial and avoidance to reduce the unpleasant feelings of fear, rather than the more challenging longer-term health behaviour suggested. (Seydel et al., 1990) In fact, when looking at exercise, the closest health behaviour to mindfulness practice, it was found that self-efficacy was the variable in this model that worked best as a predictor of intentions and behaviour, and that perceived vulnerability did not predict intention or behaviour (Plotnikoff & Higginbottom 1998).

So it would seem then that the tactic of increasing people's fear can be counter-productive, and that in fact they need help in improving their self-efficacy if more healthy habits are to become established (Norman et al., 2005). Interestingly for MBAs, as fear can actually reduce self-efficacy, 'relaxation techniques may be usefully employed to help maintain feelings of self-efficacy' (p.117). (See above for discussion on increasing self-efficacy).

It would certainly not be congruent with the warm, caring approach of MBA teachers to try to increase participants' fear of depression or stress to try to motivate them to practice. Many course participants are suffering with stress or low mood already and do not need more anxiety in their lives and as we have seen above, it does not work. As many of them have already had experience of low mood or stress, they may already fear it, as illustrated by Eleanor, who said 'when depression hits it really does frighten me and I know I've got that tendency.'

A more positive approach to protection motivation would be to focus on the positive reasons for engaging in a health behaviour, such as feeling more energetic, feeling calmer and more relaxed, living longer etc.. This motivation of self-care is not mentioned in this model (or indeed in any models that I researched) but is prevalent in mindfulness and Buddhist literature and also came up repeatedly in interviews: Suzanne described her practice as 'Having that time to think about me and what I want to do – being kind to myself…. I feel like it's important, an investment, for me, effectively…to look after myself…'

Zoe had another angle on wanting to care for herself, saying ‘I’m sad I didn’t do it before and I don’t want to be in that space like I was before’. After the course had finished, she said ‘I have a strong intuition that this is something that is good for me’; that intuition and desire to care for herself kept her going with a regular practice.

Buddhist literature and mindfulness literature emphasise this more heart-based approach which is completely absent in any of the health-psychology models. This in itself is interesting as a reflection of cultural attitudes that I see repeatedly in my teaching, that caring for oneself is somehow selfish and undesirable behaviour.

Kabat-Zinn (1996) was clear on the nourishing power of practice, saying that ‘making time for formal practice every day is like feeding yourself every day. It is that important.’ (p.431). Williams & Penman (2011) suggest taking on the practice ‘as a strong commitment to yourself’. On a slightly different tack, Segal et al. (2002) suggest ‘link[ing] the maintenance of the practice with something about which they care deeply’(p.302), giving the example of a woman who felt more available for her children when she practised: an interesting expansion on the idea of self-care. Santorelli (1999) says similar ‘mindfulness is not simply a technique. It is an act of love’ (p.20). Of course the potential of mindfulness as an act of self-care will only become apparent as participants start to experience the benefits, although some participants enjoy it right from the first raisin.

In the Pali Canon the Buddha encourages us to care for and protect ourselves and thus to protect others -

> It is just as the apprentice said: 'I shall protect myself' — in that way the foundations of mindfulness (satipatthana) should be practiced. 'I shall protect others' - in that way the foundations of mindfulness should be practiced. Protecting oneself, one protects others; protecting others, one protects oneself.
>
> And how does one, in protecting oneself, protect others? By the repeated and frequent practice of meditation. (Access to Insight 2 December 2013)

It is traditional in Buddhist loving-kindness (metta) practices to start with oneself, which may be derived from Path of Purification (Visuddhi Magga) (Access to Insight 10/10/2013) which

contains the advice ‘So he should first, as example, pervade himself with loving-kindness’, making it clear that this is a useful part of practice.

This motivation to care for oneself is not always easy: ‘There’s definitely a theme of not being that kind to myself, that’s something that I’m doing meditation for’ (Liam), and Suzanne also found this difficult at times: ‘I know I don’t prioritise things that are good for me - that’s a pattern.’ It would be helpful for a teacher to be looking out for this all-too-common tendency and offer extra support and encouragement in these instances.

The motivation to care for oneself can be self-reinforcing and is a major theme throughout MBAs; as people learn to bring this attitude to themselves, they are more likely to prioritise practice as they learn how beneficial it can be as Shapiro & Schwartz described in their theory of Intentional Systemic Mindfulness (2000). This is one factor where I did see change over the course of the three interviews; participants realising how hard they could be on themselves, and learning, as Eleanor said – [to be] a bit gentler on myself now’ as well as finding that regular practice is an excellent way of caring for themselves, as Suzanne explained: ‘I need to keep in mind that this is beneficial for me … having that time to think about me and what I want to do – being kind to myself.’

One theme discussed by two participants in interview who showed considerable self-awareness, was

> if I’m choosing not to find time for myself then that’s my choice not to find time for myself… part of my process has been to ask what am I doing, how and am I finding time for myself, and if not why not? What am I running from or towards? (Kathryn)

and Georgie ‘My main demands are ones I make up myself – in actual fact a lot of my time is my own.’ This is reflected by Bandura (2000), who explains that if people are not aware of their motivations for their actions, they are unlikely to be able to change. Martin, Haskard-Zolnierek & DiMatteo (2010) also discuss this, saying ‘the unexamined individual is not likely to change’ (p.85). This would seem to indicate that mindfulness practice may have a built-in reinforcing tendency: as people become more aware of their motivations and internal processes through the practice, they become more aware of both why they may not make time

for themselves to do it, and how it benefits them when they do, as described by Shapiro & Schwartz (2000). (See below for a discussion on rewards.)

Conclusion

It seems clear that focusing on the practice as a way of caring for oneself, a major theme in MBAs, is a valuable way to help people to practice although it is likely that some discussion to reduce any belief that this is 'selfish' may be needed. Emphasising the self-care aspect can also reduce the feeling that practice is a chore, which makes it difficult to maintain. Without a wish for one's own wellbeing, it seems unlikely that a practice will get established. Those with low self-esteem may particularly struggle with this and need extra encouragement and support.

Beliefs about the practice/threat

Our beliefs are one factor that motivates our actions, but how important are they in motivating health-promoting behaviour? The role of beliefs about the efficacy of the course of action and about the threat of disease appear in several models of behaviour change, such as the Health Belief Model (above) and Theory of Reasoned Action (Ajzen & Fishbein 1980) (see below) and Protection Motivation Theory (see above).

The Theory of Reasoned Action posits that intentions precede action, and that these intentions are made up of attitudes to the behaviour, which in turn are formed of beliefs about the behaviour and overlaid by affect, which together with subjective norms govern a person's likelihood of carrying out a behaviour. (See below for discussion on social factors.)

These theories include belief, a cognitive construct, about the threat to health, rather than direct experience of that threat, so are perhaps more relevant for behaviours where the consequences are in the future such as smoking and lung cancer. As McCown & Reibel (2010) point out, 'our contemporary culture in the West privileges the cognitive domain over the domains of affect and embodiment' (p.145) and these models exemplify this.

Belief did motivate Noeleen: she was suffering with depression and her counsellor advised her to do a mindfulness course. She did not need to believe in the severity of depression, but she had enough belief to motivate her to practice although she was not experiencing any benefits in the first interview:

> A sense of desperation, I have to do something about the state that I'm in, that nothing else had worked and this was the last chance to find something that helped me…my counsellor said that she had heard mindfulness could help depression.

Liam, on the other hand, believed that mindfulness would help him, but that belief alone was not enough to motivate him to establish a regular practice; he lacked the urgency that Noeleen had, saying 'I have a belief it will help me but somehow I don't get round to it.'

Most participants have direct experience of the stress or low mood in their lives: it is not a threat or a belief, but a reality. They have heard, and have enough belief that meditation can help, to lead them to seek it out and commit to the course. The level of belief in the threat did not change much over the course of the three interviews; stress or low mood were still sufficiently close that they had not forgotten how unpleasant either can be.

As well as the threat being more immediate, the benefits of mindfulness practice are often more immediately experiential than many other health behaviours. As participants start to experience the benefits of mindfulness practice, or hear about them from fellow participants, belief becomes less necessary. As Kabat-Zinn (1996) explains, 'you have to actually practice mindfulness in order to reap its benefits and come to understand why it is so valuable.' (p21) With practice, belief becomes redundant.

Mindfulness literature encourages participants to approach the practice with an open mind, rather than coming with fixed beliefs, warning that us not to try to influence what the exact outcomes will be (Segal et al., 2002); indeed, that open-minded, non-striving attitude is key to the whole approach. However, they also encourage teachers to 'strike a balance between letting go of expectations (which can be de-motivating) and a willingness to believe that important changes may occur as a result of doing the mindfulness practice' (p92). Note that they do not specify what those changes may be, as people derive different benefits from the course. I have seen fixed beliefs be detrimental; participants who have read articles in the

press with titles like ‘Mindfulness changed my life’ can then spend time comparing their own experience to others’, usually unfavourably.

Suzanne explained this open-minded attitude beautifully:

> I wasn’t sure if it would be something that would work for me – it might be ok for some people and for others it might not be, and the only way I’ll find out is to try it and see what unfolds. I didn’t want to come in with preconceived ideas about it.’ ‘It’s only through your own experience that you know how it is for you, another’s experience is theirs not mine.

Belief in the practice will tend to grow with time and experience; at the very beginning of the course participants need to ‘suck it and see’, though many come to the course with some belief that it can help, either from a health care professional, a friend or from reading.

Buddhist literature propounds the benefits of meditation as a way of coping with the stress of life, but rather than belief, the Buddha’s encouragement is for us to experience the truth of the teachings for ourselves (Kalama Sutta, Access to Insight 2 December 2013). The Buddha’s Four Noble Truths, described in his first public talk (Dhammacakkappavattana Sutta, Access to Insight 2 November 2013) are

1/ The inevitability of stress or difficulty (dukkha) in life
2/ The origin of difficulty is in mental grasping
3/ Dukkha or difficulty can be brought to an end
4/ The Eightfold path which leads out of dukkha, which includes appropriate intention, mindfulness and effort.

The Health Belief Model and Theory of Reasoned Action fit with this if we substitute ‘experience’ for ‘belief’, with their highlighting the necessity of people believing, or knowing directly, that there is a potentially serious problem and believing, or knowing directly, the way to solve that problem. The ‘disease’ in question is the general difficulty, or ‘dukkha’ (dukkha can be translated as ‘the grit in the axle’, or general unsatisfactoriness) of life, the severity of which can be experienced in life. The Buddha offered the Eightfold path, which

includes mindfulness, as the course of action to alleviate dukkha. (Indeed mindfulness is found throughout the wide scope Buddha's teachings towards a life free from dukkha.)

In the Pali Canon, the oldest Buddhist source, we also find references to the faculty of faith (saddha) as one of the 'five faculties' (the others are energy, mindfulness, concentration and wisdom. Access to Insight 2 December 2013). In the Connected Discourses (Samyutta Nikaya), we find the Buddha saying 'faith is good when established' (Access to Insight 2 December 2013). As Burmese meditation teacher Sayadaw U Pandita (1992) explains, 'saddha is durable and unshakeable confidence' (p.254): it should not be confused with the Christian faith in God. The Buddha also explains that 'faith is the seed', indicating that faith can precede direct knowledge of the benefits of practice (Access to Insight 2 November 2013). Saddha does not stop there; it increases as we see the benefits and our confidence in the practice grows, as happened with Eleanor: 'I'm getting something from this so I'm going to stick with it'.

To increase our faith in the practice, Buddhist sources such as Khema (1987) stress the benefits of meditation, saying things such as 'Why is meditation so important? I'd like to emphasise that meditation is not just something extra to be done in our spare time, but is essential for our wellbeing' (p.9). She does not specify exact benefits, to avoid the pitfall described above. Faith is a belief that the practice is beneficial overall; it is not a belief that the practice will yield a specified result.

Sucitto (2012) explains the difference between faith and belief:

> with faith, the energy is an opening of the heart, whereas belief closes the mind by locking it onto an idea or theory. Belief employs energy to defend or attack, and not to enquire. Faith, on the other hand, always benefits from enquiry. When you place faith in someone or something, it means you will give them clear attention and take seriously what they say. But the Buddha emphasises that such a faith has to be backed by investigating the truth and working with it in yourself' (p.102).

Conclusion

While beliefs may motivate us to carry out some behaviours, in the case of mindfulness practice a cognitive belief is only necessary for a short time until the benefits can be directly experienced. Too much belief in a fixed idea about the benefits can become an obstacle as it stands in the way of experience. As teachers we need to encourage faith, or confidence in the practice, but balance that with open-mindedness about how it will unfold for each person. We may do that with reference to books and studies, personal experience, and as the course goes on, by giving participants the opportunity to discuss and share the benefits they have experienced, hear from others, and by reminding participants of the benefits they have noticed if they forget.

Social factors/supportive environment

Social factors are also important in determining our behaviour. They are included in two models of behaviour change, the Theory of Reasoned Action, (see above) which argues that health behaviours are determined by our attitudes to the behaviour and subjective social norms (what a person thinks others think, and how important that is to him/her).

This model has been shown to predict health behaviours across a wide range of health behaviours including physical exercise (Martin et al., 2010).

The Theory of Interpersonal Behaviour (Triandis 1977), which has the four variables: intentions, habits, facilitating conditions and physiological arousal has also been found to give robust predictions of health behaviour (Norman & Conner 2005 p332). Sherwood & Jeffrey (2000) found that social support was strongly correlated with people engaging in physical exercise, so it would seem that social factors could be part of the picture for MBAs as well. Meichenbaum & Turk (1987) discuss various types of social support – family, groups, home visits that could be helpful or unhelpful in adhering to a treatment programme.

Most people learn mindfulness practices in a peer group, and that group can provide significant support. Several interviewees remarked on this, sharing different aspects of their

group experience, and as Malpass et al. (2011) also found in their synthesis of qualitative research of participants' experiences of eight-week mindfulness courses.

Noeleen articulated this in the first interview: 'It's good to have the group participation and to hear their experiences, though I'm not getting it yet.' Lucy found one aspect of the group particularly helpful 'There is something about reporting it back, if we weren't doing that it would be easy to slip' (as indeed she did after the course finished).

What characteristics are necessary for the group to be supportive? As teachers, part of our role is to create that safe space for participants. Bartley (2010) discusses the various factors that contribute to this, such as group boundaries, both physical (space, timekeeping, absences) and internal (acceptable behaviour and speech). We can also provide a safe space by modelling the attitudes of non-judgement and acceptance, to help participants feel this is a safe place to be open and honest, because we are 'stewarding' the space (McCown & Reibel 2010, p104). Pair and small group work can also help the group to bond as participants are likely to feel less exposed talking to one or two others than in front of the whole group, and may share more personally. The more participants share, the more support they offer each other, by normalising their experience and creating a social norm of support, as Zoe found: 'I found the group supportive and [the teacher] supportive and it was good to hear other people's experiences – the problems are shared and more or less the same for everyone.'

However, a group is not always experienced as supportive; subjective norms are only strong if people identify with the others, as Georgie found, when she looked for a group after the course had finished (Terry & Hogg 1996):

> In the [original] group, it was nice to feel you've got company in your endeavour to do something good for yourself – I didn't feel that connection with any of the people there [at the other group]– they seemed a little stand-off-ish, I didn't feel we had much in common.

No-one mentioned not feeling part of the original group; whether that is because the groups were lucky in their composition of people who felt like peers, or because the practices act as a leveller, is unknown. This would be an interesting area to research. Malpass et al. (2011) described how most people in her synthesis of qualitative studies described the group as

supportive, though some found it a difficult place to be; Eleanor found 'the group isn't always supportive – people saying 'it's not working for me'.

Of course, the original group lasts only for 8 or 9 weeks and is a small part of people's lives; participants are likely to benefit from other forms of social support. Friends and partners can be helpful: Suzanne reported how helpful her partner is 'he asks me if I'm going to meditate tonight' and several other interviewees mentioned their partners' and colleagues' support as being helpful. Meichenbaum & Turk (1987) describe involving family, but needing to be sensitive to the dynamics within the family; if the practice takes time away from other activities the participant usually does, s/he may meet with resistance from partner or family which will need to be resolved in some way.

Meichenbaum & Turk (1987) suggest a buddy system which Kathryn found helpful, saying

> I have a friend who had done the course so we became practice buddies, some kind of joint responsibility…I can convince myself I don't need to actually do it but I wouldn't lie to her. In a group it's easier to stay quiet.

Bartley (2010) also suggests seeking social support when practise becomes difficult, as does Kabat-Zinn (1996) as a way of maintaining his own practice, 'seeking out talks, classes and group sittings as much as I can' p.435.

Buddhist literature comes out strongly in favour of social support; for example Nhat Hanh (1996) says:

> 'The presence of those who practice mindful living is a great support and encouragement to us…getting in touch with an existing sangha [community] or setting up a small sangha amount to a very important step' p.146.

Sucitto (1988) says similar: 'Meditating with a few friends at regular times can be a great support towards constancy of practice' (p22). Indeed this dates back to the very beginning of the tradition; in the Connected Discourses (Samyutta Nikaya) the Buddha also stresses the importance of companions and friends on the path of practice (Access to Insight 2 December

2013). The third of the 'Three Refuges' of Buddhism is refuge in the spiritual community as a necessary support for the practice (Access to Insight 2 December 2013).

Several interviewees expressed in the first two interviewees that they found the group supportive. For most, the end of the 8-week course was a major transition, saying things like 'I was worried when the course finished it would all fall apart' (Suzanne). Post-course, several interviewees expressed an intention to get back in touch with the rest of the group, and several had investigated meditation groups and yoga classes near them. Forms of social support are likely to change over time as people's needs and circumstances change.

A supportive environment extends beyond social factors; having a physical space to do the practice is also important. A couple of interviewees reported a lack of their own space as an obstacle to doing the longer practices; Georgie spoke for several saying 'It's not easy to get space – I'm interrupted, I don't have a room of my own.'

As teachers we can encourage participants to think about how they can create an uninterrupted space, such as asking partners or friends for support with children and pets, and thinking about where they can do the practice uninterrupted. Some people I have taught have practised in their private offices or studios if they lack uninterrupted space at home. I always make sure this is included in the discussion in Week 1 about where, when and how to do the home practices, and of any potential obstacles and how they will be worked with.

Practical ideas for a supportive environment include for places of work to make time and space available for employees to have quiet time, as some employers do provide. It is also helpful for participants to explain what is involved in doing the course to their family so they can get the necessary space and support. Hopkins (2011) reported course 'graduates' coming on follow-up days as a 'booster', which several teaching centres offer.

Reading can help; several interviewees reported finding support through books on mindfulness, both for ongoing practice and as a gateway back after practice had lapsed.

Prompts can also be helpful, as Marcus, King, Bock, Borelli & Clark (1998) found with exercise programmes. Participants have reported leaving the workbook or CDs out where they could see them, and putting post-it notes by their toothbrush with a reminder to be

present, with some success. There are now technological options available such as smartphone apps “Insight Timer” or “Mindfulness Bell”, and the .b programme in Mindfulness in Schools (www.mindfulnessinschools.org) teaches schoolchildren to text to remind each other to be present. Nhat Hanh said in a talk given on July 30, 1998 in Plum Village:

‘every time we hear the telephone ringing, all of us in Plum Village will stop our talking, stop our thinking, and go back to our in-breath and out-breath, and listen..’ (www.buddhist-canon.com, no date available). In Sheeran et al (2005) the authors describe their finding that situational cues can mediate how plans lead to goal achievement. If we remember that in this context the goal is simply to be present, this can be a valuable addition to the toolbox.

Conclusion

A supportive environment within in the 8-week course group, at home and post-course are all helpful though not enough by themselves. As teachers we can foster a supportive group by setting up group boundaries and norms to make it a safe space, and also make sure participants know in advance the level of home practice that will be assigned so they can try to get support, or at least not resistance, from their partners and families. We can also suggest various prompts to participants to experiment with. It also seems useful that teachers offer follow-up sessions and can signpost participants to local groups and classes and relevant reading as they finish the course.

Relationship with the teacher/behavioural contracting

The relationship with the Health Care Provider (HCP) is another factor that determines the level of adherence: when the relationship is good, people are more likely to adhere to the HCP’s recommendations.

Meichenbaum & Turk (1987) describe the ideal HCP (in this case the course teacher) as one where the participants trust him or her as an ally, who listens and is there for them in a non-judgemental and respectful way, genuinely wants to help, is happy to answer whatever questions they may have and address their concerns. The participant needs to feel that the HCP cares about them and has their welfare at heart. Participants also need to feel that they

have some responsibility and independence in their practice and learning, and that their contributions to any treatment programme are valued and necessary, rather than the more traditional 'banking' system of education where the expert teacher imparts knowledge to the students (Meichenbaum & Turk 1987).

This is just how Segal et al. (2002) encourage an MBA teacher to be, encouraging instructors to 'use open ended questions and encourage the expression of doubts, difficulties and reservations' (p.92) Santorelli (1999) describes 'a new collaborative, participatory medicine,' (p.16) and Hopkins (2011) found through interviews with participants that 'The qualities of the MBCT teachers were identified as important to individuals and one of the factors responsible for creating the compassionate space' (p.22) As teachers, then, our modelling of the seven attitudinal foundations of non-judging, patience, beginner's mind, trust, non-striving, acceptance and letting go is crucial for participants (Kabat-Zinn 1996). Kabat-Zinn (1998) discusses how teachers should call any participant who misses a class to see how they are and keep them up to date with the course. This shows them that the teacher cares about them and helps them to continue with their practice.

The Theravada Buddhist teacher Buddhadasa Bhikkhu used this approach too, as described by Kornfield (2002) 'he has [students] come and sit next to him and treats them as a spiritual friend, engaging in warm-hearted conversation and enquiry, encouraging students to respect themselves and their own vision.' (p.233)

Georgie certainly found this important, saying how she appreciated 'John's gentle forgiving approach; his attitude was very congruent with the approach of gentleness and forgivingness – he modelled the attitudes well. A nice naivety and openness – there was never a sense that you asked a stupid question'. Other interviewees praised their teacher in a general way. I did not find any change over time from the interviewees in what they said, although I would expect that in fact the relationship between them and the teacher developed over the eight weeks.

Meichenbaum & Turk (1987) make the interesting point that 'disclosing experiences similar to those of one's patients helps to establish a basis of similarity and enhances interpersonal influence' (p.80): for a teacher to say that s/he also struggles to find time to practice, for example, may be helpful for participants. McCown & Reibel (2010) agree on this saying 'it

may be that your personal experience could be valuable to participants.' (p.99). This is very different to how a psychotherapist may work, disclosing little or nothing about themselves and allowing the projections or transference be part of the work, but the teacher needs to be careful what s/he shares about his or her practice to be as sure as possible that it will be illuminating for the participants. Hopkins (2011) reports a course graduate finding the teacher's devotion to her own practice as 'annoying and smug.'

The teacher's own engagement with mindfulness practice is also crucial. S/he needs to model the attitudes that are cultivated in the practice, and to have sufficient commitment to the home practice to inspire the participants (Kabat-Zinn 1998). It is also important that the teacher has experience of working through the difficulties involved in practice; how else can s/he guide others? McCown & Reibel describe it thus 'the teacher has been there, known it…she has sat with her own loss, her own pain, her own anger, and can speak from those truths.' (p.116)

Behavioural contracting can also improve adherence to a programme. The contract needs to be personalised to fit each participant's personal circumstances; generic ones tend not to work as they lack the feeling of personal involvement and commitment from the participant, and the flexibility to meet each person's individual needs (Meichenbaum & Turk 1987).

Contracts work better when they are publically stated than when they are kept private, which is where discussing practice plans in pairs or small groups can be useful. As Kathryn found with her 'buddy system', that other person can be a motivator. A contract, or agreement, will only be one of a number of factors governing adherence: 'contracts may be useful but not sufficiently compelling to guarantee long-term maintenance' (Meichenbaum & Turk 1987 p.167) - consider New Year's resolutions! I do this in sessions one and eight, asking course participants to pair up and make a personal practice plan, and I believe it helps.

Meichenbaum & Turk (1987) also discuss how the teacher can support the participants in the sessions. S/he needs to help the participants consider any barriers to the practice and note any specific problems, and be realistic about what is possible in their lives at this time. S/he also needs to monitor whether the practice is being carried out and how participants feel about it. This is one of the purposes of the Enquiry phase of each session, and I would argue that the above makes a case for ensuring each participant has the opportunity to speak about their

home practice each week. Segal et al. (2002) recommend the teachers read home practice records to monitor the participants, but I avoid this as it feels too much like school.

Towards the end of any programme of treatment, Meichenbaum & Turk (1987) have found that participants are more likely to stick with it if they feel they have helped to choose their programme and are not under external pressure to carry it out. Asking the participants to make a realistic practice plan for the next month, as advised in Bartley (2011) and Segal et al (2002) fulfils that beautifully, and is congruent with the MBAs' emphasis on letting the participants' own wisdom drive their learning and growth, rather than the teacher being the expert with all the answers.

Conclusion

Our relationships as teachers with the course participants can be a big influence on the likelihood of them practising or not. We need to be receptive, present, aware and listening to each participant and to help them feel that their learning is a collaborative process. We may also find it helpful to reveal aspects of our own practice, being careful that it is helpful, and letting the participants know that we too engage in these practices may well be helpful. Some form of informal contracting may help as well, in discussing and making practice plans, but this is unlikely to be enough.

Rewards

In classical behaviour modification approaches, rewards and punishments are used to help a person develop a habit that is beneficial in some way (Martin & Pears 1978). This contradicts the MBCT approach of respecting and trusting the participants' own wisdom and also runs counter to the attitude of non-judgement that we as teachers model and ask the participants to cultivate.

External rewards may be inappropriate, but internal, (intrinsic) rewards play a role: we are more likely to maintain a health behaviour if we are satisfied with the outcome or results. As Kabat-Zinn (1998) puts it 'once a person has tasted the relaxation and calmness…these experiences become powerful motivators.' (p.254)

The Theory of Interpersonal Behaviour includes an affective component, arguing that whether a person enjoys an activity or not forms part of their intention, which along with habits, facilitating conditions and level of physiological arousal determine whether a person carries out a behaviour or not (Triandis 1977). This model has been successfully applied to studies of health behaviours including exercise (Godin & Gionet 1991). As we have seen, habits (see above and throughout) and facilitating conditions (see above) also play a role. Zoe 'I really like the sitting practices, they make me feel connected with something other than, and it helps my thought processes if I feel a bit negative.'

Eleanor found this too, saying 'I'm getting something from this so I'm going to stick with it'. In follow-up days I have often heard course 'graduates' say that it is the benefits that have kept them going. Meichenbaum & Turk (1987) also found that if following the HCP's suggestions relieves the unpleasantness of a disease, people were more likely to continue. It seems that either enjoying the practice, or the 'off-cushion' benefits, or rewards, can act as motivators.

What kinds of benefits did participants describe? Suzanne:

> It's beneficial – like a window opening up, a moment of real clarity, I am really here, like someone drawing back the curtains, and that's such a nice feeling and that's what I want to keep, what I aim for. Other benefits – I feel refreshed. When I'm not in the emotional up and down, I've had that calmer sense of being a bit more in control, how I want things to be.

And Keith: 'even just the short practices have helped me to stay grounded, even just small amounts.'

I have come across participants who said they did not really want these benefits, though it was unclear if they had experienced them sufficiently to make an informed choice.

Eleanor had a strategy here: 'I think it helps to make it as enjoyable as possible, light a candle, and varying the tapes, and the times [lengths] as well' trying to increase the reward for herself to support her practice.

No interviewees reported using self-bribery and thankfully no-one reported using self-punishment to get them back on track. However, in the Buddhist Tricycle magazine (Spring 2012) Brad Warner wrote that he did not allow himself breakfast until he had completed his morning meditation, a piece of self-bribery that worked for him. I did not find any change over time with this factor, although perhaps if I had interviewed participants before they had done half of the course, it may have been less of a factor as they would have had little time to experience the benefits.

Unsurprisingly, when the practice is more challenging, and the benefits less immediately obvious, participants tended to stop. This was true for Suzanne and Eleanor, who both hit difficult patches in their meditation post-course and found it impossible to maintain, although both were keen to re-start by the time of the third interview. Eleanor said 'When I hit a really dark space that drive and enthusiasm is gone and I just wanted to stay in bed.' Suzanne found after a while that 'I kept getting angry, I knew there was past stuff and I thought maybe that's coming out a bit. The practice was challenging at that time…maybe I needed some time to step away then come back to it.' Zoe said 'Feeling peaceful and connected, I love it. If difficulties came up I might find it more difficult to sit.'

Both mindfulness and Buddhist literature discuss the rewards of practice to help motivate and support readers to practice, but I did not find either encouraging people to deliberately remember the rewards to help them keep practising.

Langdon et al. (2011) describe a 'feedback effect of mindfulness practice, where its benefits seem to strengthen positive beliefs about it and so motivate people to practise more.' This effect leads to a strengthening of the mindful attitude, or being mode, in daily life which is described in the Intentional Systemic Model in which 'cultivating mindfulness is thought to lead to further intention to practise and development of mindful qualities' (Shapiro & Schwartz 2000). They later called this effect a 'virtuous practice cycle'. This fits with what participants said, but depends on barriers to practice not becoming insurmountable.

Conclusion

As teachers, we can support participants in their practice by reminding them of benefits they have noticed and how valuable they have been, and encourage them to note these benefits down for themselves to support themselves in future times when motivation is low. This seems likely to be a key factor as ultimately we are drawn to what we think or know from experience makes us happy. The only risk I can see here is participants who have stopped practising indulging in discrepancy-based monitoring whereby they think 'it was so much better then, I'd like to be there now'; promoting a self-caring attitude could minimise this.

Changes in mindfulness practice over time

As described by Langdon et al. (2011), many people find themselves in cycles of more and less formal practice, which Kornfield (2002) also describes. Researching exercise behaviour, Sherwood and Jeffery (2000) found that exercise behaviour is also often cyclic and episodic. Hopkins (2011) also described such cycles. Yet mindfulness is never really lost: the opportunity to come back to the moment is always there for us as we can always 'become mindful of the unmindfulness' Gunaratana (2001, p.253) and use tools such as asking 'how does my body feel right now?' (Kabat-Zinn 1996, p.437)

Awareness can still be there without formal practice as Kabat-Zinn (1996) explains: 'Even not practising is practising in a way, if you are aware of how you feel compared with when you practice regularly and how it affects your ability to handle stress and pain' (p.430) so any lapse can always be seen as temporary. To help people re-start a practice, Norman & Conner (2005) state that self-efficacy is crucial in helping people re-start a healthy habit after a lapse – and as we saw above, it is also crucial to help them establish a practice in the first place. So the more we can do as teachers to boost participants' self-efficacy, (as discussed above) the more likely they are to not let the practice slide completely. This is particularly relevant in MBAs as the courses are short and it can be difficult to maintain a regular practice without class and teacher support.

Overall, from the interviews I conducted I was struck by how individual participants' methods of support and general tendencies did not change much. People who half-way

through the course had not got a regular practice going did not establish one in the second half or after the course had finished; those who established a regular practice continued to practice. The only exceptions were Suzanne and Eleanor who as previously described hit some difficult times with practice and did not feel able to maintain it; however both were at the time of the third interview making plans to re-start, hoping to experience the clarity and calmness they had both enjoyed previously.

Conclusion

I have critically reviewed the seven factors that seemed most relevant to establishing and maintaining a regular mindfulness practice: self-efficacy, planning, self-care, beliefs about the practice and about the threat, social factors, relationship with the teacher and rewards or benefits. As we have seen, some of these factors can be influenced by us as teachers.

The themes that recur are those of self-efficacy, benefits, and wanting to care for oneself (protection motivation). I would propose that self-efficacy, when combined with growing experience and confidence in the benefits of the practice and one's ability to 'do it', can generate commitment to practice as a way of caring for oneself. These are the vital factors: if a participant does not have the self-efficacy to establish a practice in the first place, s/he will never experience the benefits. If the rewards either do not appear or are not sufficiently attractive, the participant will not be motivated to practice. If the participant does not have enough self-care motivation, s/he will not pursue these benefits. All three factors are necessary, and none alone is sufficient. The benefits become, in effect, a carrot, and the participant needs enough get-up-and-go to go after the carrot if s/he likes carrots. Belief can act as a starter motor, but is not enough to sustain a practice over time and becomes redundant as the rewards become apparent.

These seem to me to be the central drivers for practice. The other factors, such as social support, relationship with the teacher and behavioural contracting are all useful and sometimes vital props and supports, but none of them will be sufficient without the motivation to act and the wish to care for oneself, and experiencing the benefits of practice as a way of doing that. As teachers we can bolster self-efficacy, or motivation, in the ways discussed above, and in many cases we may need to encourage participants to care for

themselves and to see self-care as a desirable motivation. We can also highlight the rewards participants have experienced. Any or all of these are likely to be helpful for participants.

The various factors will be relevant in a different combination for each participant, and are may change with time. People vary widely in what they find helps them establish and maintain a practice; some need a group, others have sufficient self-efficacy to continue more or less alone. Some need to plan, others find planning burdensome, and so on. It would be useful for teachers to be aware of all the factors and bring them skilfully and appropriately into their teaching, and invite participants to reflect on what would be the best support for them at particular junctures.

This introductory exploration of the factors that may support course participants leaves the door open for further research in this area. As far as I am aware, to date there are no qualitative or quantitative studies examining these factors individually in reference to MBAs, which would seem an interesting avenue for future research to maximise the positive impact that MBAs can give participants.

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