Benefits and Barriers to Attending MBCT Reunion Meetings: An Insider Perspective

Vivienne Hopkins & Willem Kuyken
Your article is protected by copyright and all rights are held exclusively by Springer Science+Business Media, LLC. This e-offprint is for personal use only and shall not be self-archived in electronic repositories. If you wish to self-archive your work, please use the accepted author’s version for posting to your own website or your institution’s repository. You may further deposit the accepted author’s version on a funder’s repository at a funder’s request, provided it is not made publicly available until 12 months after publication.
Benefits and Barriers to Attending MBCT Reunion Meetings: An Insider Perspective

Vivienne Hopkins · Willem Kuyken

© Springer Science+Business Media, LLC 2012

Abstract Mindfulness-based Cognitive Therapy (MBCT) is a promising approach aimed at the prevention of relapse in people suffering from recurrent depression. However, little is known about what factors support gains in the longer term. This study examines participants’ experiences of the perceived benefits and barriers to MBCT reunion attendance. Thirteen people, who had participated in MBCT classes for recurrent depression within a primary care setting, were interviewed about their experiences of the reunion meetings or their reasons for not attending. Seven of these had completed their program within the previous 12 to 18 months at the time of interview, and six had completed their program between 20 and 48 months prior to the time of the interview. Interpretative phenomenological analysis (IPA) was used to analyze participants’ accounts. Four themes highlighted the participants’ experiences: in terms of benefits, reunion attendees experienced the reunions as a booster reminding them of their mindfulness practices and as a sanctuary where these practices were further nurtured within an accepting and compassionate environment. Barriers to reunion attendance were difficulties around the group experience and wanting to put the experience behind them. This related to the memory of depression as well as to the program and group experience for some individuals. Theoretical, clinical and research implications are discussed.

Keywords Mindfulness-based Cognitive Therapy (MBCT) · Depression · Relapse prevention · Reunion attendance · Qualitative

Introduction

Mindfulness-based Cognitive Therapy (MBCT) is drawn from the structure and process of the Mindfulness-based Stress Reduction (MBSR) program (Kabat-Zinn 1990) and integrates mindfulness practices with aspects of Cognitive Behavioral Therapy (CBT) for depression (Segal et al. 2002). It is aimed at preventing depressive relapse among people with a history of recurrent depression who are currently in full or partial remission from their last episode of depression. MBCT is a manualized, instructor-led group skills training program (Segal et al. 2002). Its primary teaching vehicle is experiential learning through mindfulness practices and it contains two broad elements: the cultivation of awareness through mindfulness practices (e.g., by focusing on the breath and bodily sensations as “anchors”) and the development of an attitudinal framework (i.e., nonstriving, acceptance and a genuine interest in experience). These elements are conveyed through the teaching and modeling of these qualities and linking the learning to an understanding of working with vulnerability. This is conveyed through dialogue, reflection, group exercises and teaching (Crane 2009). These practices are intended to loosen negative associational networks and breakup cycles of rumination that can initiate, intensify and prolong depression (Teasdale 1999; Teasdale et al. 1995; Teasdale and Barnard 1993; see Baer (2003) for review). In the Mood Disorders Centre (MDC), at the University of Exeter, following completion of the program, everyone who has participated in the MBCT classes is invited to attend MBCT reunion meetings that are held four times a year. Typically, these reunion meetings are timed to coincide with an ongoing MBCT class (usually between weeks 3 and 6) so current class participants are given the opportunity to attend a reunion, to meet people who have been through the program.
Mindfulness

previously and to experience how reunions are conducted before they complete their 8-week class. This may motivate some to continue with their practice through difficult times, having met others who may still be experiencing gains in the long-term following their program.

MBCT has a growing evidence base of outcome studies supporting its efficacy (Baer 2003; Hoffman et al. 2010; Piet and Hougaard 2011). It has been shown to halve the rate of relapse over a 60-week follow-up period compared with usual care (Ma and Teasdale 2004; Teasdale et al. 2000) and to be comparable to antidepressants in terms of relapse and superior regarding quality of life and residual depressive symptoms (Kuyken et al. 2008). It is thought that for the majority of people practicing mindfulness, regularity is necessary for lasting psychological benefits to be achieved (Kabat-Zinn 1990, 1996, 1999, 2003; Santorelli 1999; Segal et al. 2002). It has been shown to halve the rate of relapse over a 60-week follow-up period compared with usual care (Ma and Teasdale 2004; Teasdale et al. 2000) and to be comparable to antidepressants in terms of relapse and superior regarding quality of life and residual depressive symptoms (Kuyken et al. 2008). It is thought that for the majority of people practicing mindfulness, regularity is necessary for lasting psychological benefits to be achieved (Kabat-Zinn 1990, 1996, 1999, 2003; Santorelli 1999; Segal et al. 2002; Carmody and Baer 2008). One of the main reasons for offering reunions is to support ongoing mindfulness practice. However, almost no research on reunions has been conducted to date, and an obvious first step is to explore participants’ experiences of barriers and benefits in continuing in their practices after the program and the role of MBCT reunion meetings. This has clear clinical implications for how best to support people beyond the end of the 8-week MBCT program.

Strengths of qualitative research include mapping our key issues in underexplored areas and in eliciting people’s subjective experiences (Williams and Moorey 1989). Several qualitative studies have explored participants’ experiences of the 8-week MBCT program. Mason and Hargreaves (2001) and Finucane and Mercer (2006) found that MBCT participants reported the development of mindfulness skills following the program. However, the follow-ups were only 3 months after completion of the program in both studies and so did not allow long-term effects to be explored. Using a longer time frame, Ma’s (2002) study explored 41 participants’ experiences of MBCT at 12 months follow-up. Several interesting themes emerged from this IPA analysis such as “warning signals” and “action plans”. Allen et al. (2009) study also interviewed participants (n=20) at 12-month follow-up, to examine their experience of MBCT and its value as a relapse prevention program. Thematic analysis (Braun and Clarke 2006) was used and four overarching themes were identified: control, acceptance, relationships and struggle. Although both these studies explored participants’ experiences in the longer term, the focus of their enquiries was not on maintenance of practices or MBCT reunion attendance.

This study focuses on people’s experience of mindfulness and the maintenance of mindfulness practice up to 4 years after completing an MBCT program and begins to explore the role of reunion meetings. To address this aim, a phenomenological approach (Eatough and Smith 2008) was selected. Interpretative Phenomenological Analysis (IPA) is a structured method of exploring individuals’ phenomenological experience within a framework for accessing idio- graphic meaning as directly as possible (Smith and Osborn 2003). Participants’ views and experiences were sought in collaboratively conducted semi-structured interviews. MBCT itself has evolved in a collaborative way involving dialogue with the developers of MBSR (Kabat-Zinn 1990), between colleagues and with people going through the 8-week program (Segal et al. 2002). IPA advocates that the researcher maintain an open-minded stance, and this, too, is in keeping with a central feature of mindfulness, that of “beginner’s mind”. Furthermore, both MBCT and IPA view participants as playing an active role in the construction and meaningfulness of experiences (Eatough and Smith 2008; Segal et al. 2002).

This study has the following broad aims: to gain an in-depth insider’s perspective of MBCT participants’ experiences of the benefits and barriers to attendance at MBCT reunions following completion of the program and to compare those experiences of reunion attendees with nonattendees. It is hoped that this study may improve our understanding of why individuals attend or decide not to attend MBCT reunions. It also hopes to shed light on how individuals feel they might be supported in their ongoing practices following completion of the program. The comparison between MBCT reunion attendees and nonattendees may yield valuable insight into whether the attendance at MBCT reunion groups may have any bearing on the reasons some individuals do or do not choose to continue to maintain a mindfulness practice.

Method

Interview Schedule

The interview schedule was organized as follows: any experiences of relapse since completion of the program, ongoing formal and informal mindfulness practices (if any) and reunion attendance (reasons for attending or choosing not to attend). These themes provided a guide for the interview; additional questions and prompts were generated to follow each participant’s unique experiences.

Participants

Ethical approval was obtained from a UK NHS ethics committee. All participants gave informed consent to be interviewed. Participants were recruited from the AccEPT Clinic at the Mood Disorders Clinic at the University of Exeter. The clinical referral criteria for MBCT are three or more previous episodes of depression, in full or partial remission.
from the last episode, able to engage with MBCT and the absence of substance abuse/dependence or significant self-injury requiring clinical management.

To address the research questions, we also purposively sampled people who had completed at least half of the 8-week program so that they were exposed to an adequate “dose” and those who had and had not attended MBCT reunions. Participants were classified as attendees/nonattendees if at the time of interviewing they had been invited by the clinic and had an opportunity to attend a reunion (an attendee) or had failed to attend (nonattendee). Of the 13 participants recruited, eight were MBCT reunion attendees (seven women and one man). Five participants were MBCT nonattendees (two were women and three men). Tables 1 and 2 provide demographic information for MBCT reunion attendees and nonattendees, respectively. They describe participants’ preferred types of mindfulness practices (i.e., informal/formal), maintenance of these practices, whether relapse had occurred since the program, name of their MBCT teacher and duration of interview. Pseudonyms have been used to protect the identity of the participants and teachers. Two of the three MBCT teachers were trained by one of the authors of MBCT, and they, in turn, trained the third.

Procedure

A Study Information Sheet outlining the study was sent to all potentially interested participants on the AccEPt Clinic database. Those people responding to express their interest in participating were contacted. Normally, an initial telephone contact explored questions a participant had, and a date, time and place to meet were arranged. This was then confirmed in a letter to the participant. Formal informed consent was gained at the beginning of the interview.

Interviews were conducted over a 3-month period (October 2010 to December 2010). All interviews were one to one with the researcher (VH) and participant. The duration of interview ranged from 26 min to 50 min. Interviews were audiotaped and transcribed as soon as possible so that the interview remained fresh in the researcher’s memory. The researcher encouraged participants to articulate their perceptions of the questions through reflective listening techniques (Stiles 1993).

Data Analysis

The transcribed data was analyzed using IPA (Smith et al. 1999). This methodology is not intended to test a predetermined hypothesis but rather ‘to explore, flexibly and in detail, an area of concern’ (Smith and Osborn 2003) and, as such, allowed the researcher to explore the aims of this study. Six stages of analysis were carried out as recommended by Smith et al. (2009). Table 3 summarizes this methodology.

The coauthor (WK) and another qualitative researcher (JS) reviewed codings generated by the researcher to ensure trustworthiness of the interpretations (Smith et al. 2009). A reflective diary was used to demonstrate the influence of the researcher on the study findings (Smith and Osborn 2003). This outlines the researcher’s experience of conducting the research as well as their influence on it. Further exploration and clarification was gained in peer supervision with other qualitative researchers. In addition, the emerging themes

<table>
<thead>
<tr>
<th>Participant pseudonym</th>
<th>Sex</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Time since MBCT</th>
<th>No. of reunions</th>
<th>Practice and maintenance</th>
<th>Mood since MBCT</th>
<th>Therapist</th>
<th>Interview duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth</td>
<td>F</td>
<td>67</td>
<td>White British</td>
<td>&gt;48 months</td>
<td>12</td>
<td>Informal (regular)</td>
<td>Experiencing “dips” in mood. Not relapsed</td>
<td>Carol</td>
<td>47</td>
</tr>
<tr>
<td>Wendy</td>
<td>F</td>
<td>66</td>
<td>White British</td>
<td>&gt;48 months</td>
<td>4</td>
<td>Formal and informal (regular)</td>
<td>Experienced “near relapses”. Not relapsed</td>
<td>David</td>
<td>26</td>
</tr>
<tr>
<td>Richard</td>
<td>M</td>
<td>23</td>
<td>White British</td>
<td>16 months</td>
<td>1</td>
<td>Some “sporadic” informal</td>
<td>Depression “of a similar nature to before the program”</td>
<td>Carol</td>
<td>46</td>
</tr>
<tr>
<td>Meg</td>
<td>F</td>
<td>50</td>
<td>White British</td>
<td>16 months</td>
<td>1</td>
<td>Formal and informal (regular)</td>
<td>Stayed well</td>
<td>Carol</td>
<td>50</td>
</tr>
<tr>
<td>Paula</td>
<td>F</td>
<td>38</td>
<td>White British</td>
<td>16 months</td>
<td>3</td>
<td>Some informal (trying to regain formal)</td>
<td>Cyclical depression “never really gone away” but “less frequent and severe” since MBCT</td>
<td>Anna</td>
<td>46</td>
</tr>
<tr>
<td>Isobel</td>
<td>F</td>
<td>47</td>
<td>Mixed</td>
<td>16 months</td>
<td>4</td>
<td>Formal and informal (regular)</td>
<td>Experienced a “dip” when formal practices lapsed. Not relapsed</td>
<td>Anna</td>
<td>35</td>
</tr>
<tr>
<td>Rose</td>
<td>F</td>
<td>52</td>
<td>White British</td>
<td>10 months</td>
<td>2</td>
<td>Predominantly—informal and formal (3MBS)</td>
<td>Relapsed but “periods between relapses are longer since the program”</td>
<td>David</td>
<td>31</td>
</tr>
<tr>
<td>Val</td>
<td>F</td>
<td>45</td>
<td>White British</td>
<td>12 months</td>
<td>2</td>
<td>Informal (regular)</td>
<td>Experienced “lowering of mood”. Not relapsed</td>
<td>Carol</td>
<td>39</td>
</tr>
</tbody>
</table>

3MBS 3-min breathing spaces

* These participants attended reunions between sessions 3 and 6 of their program
Results

The themes presented here are interrelated and overlapping. However, they are represented to describe individuals’ experiences of the perceived benefits and barriers to MBCT reunion attendance, following the MBCT program. All of the individuals’ accounts speak of their own unique experiences but several of the participants bear striking similarities. Divergences and similarities are explored.

Table 3 Analysis procedure (Smith and Osborn 2003)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description of stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1: reading and re-reading of the transcript</td>
<td>Researcher notes anything of interest or apparent significance</td>
</tr>
<tr>
<td>Stage 2: initial annotations</td>
<td>Use of language and semantic content are explored. Anything of interest is noted in the transcript’s left hand side of the margin. (Comments can be at a linguistic, conceptual or descriptive level)</td>
</tr>
<tr>
<td>Stage 3: the development of emergent themes</td>
<td>Material of interest is reduced while preserving complexity. Connections, patterns and relationships of these emerging overarching themes are mapped and noted in the right hand side of the transcript’s margin</td>
</tr>
<tr>
<td>Stage 4: developing connections between emergent themes</td>
<td>Connections are made between different themes. Themes are reduced in order to develop more inclusive and stronger themes (subcategories)</td>
</tr>
<tr>
<td>Stage 5: moving on to the next case</td>
<td>The analysis proceeds to the next case. Stages 1 to 4 are repeated</td>
</tr>
<tr>
<td>Stage 6: looking for patterns across cases</td>
<td>Patterns are explored across cases. Relabeling and refining may occur. So that themes crossing different cases may be explored, a table of themes is produced. Deeper levels of interpretation are explored and superordinate themes develop</td>
</tr>
</tbody>
</table>

Mindfulness

Table 2 Demographics of reunion nonattendees (participants invited to attend a reunion by the clinic but not having attended at the time of interview) n=5

<table>
<thead>
<tr>
<th>Participant pseudonym</th>
<th>Sex</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Time since MBCT</th>
<th>Practice and maintenance</th>
<th>Mood since MBCT</th>
<th>Therapist</th>
<th>Interview duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophie*</td>
<td>F</td>
<td>58</td>
<td>White British</td>
<td>4 months</td>
<td>Formal and informal (regular)</td>
<td>Experiencing “dips” in mood. Not relapsed</td>
<td>Carol</td>
<td>40</td>
</tr>
<tr>
<td>Mark*</td>
<td>M</td>
<td>54</td>
<td>White British</td>
<td>20 months</td>
<td>None</td>
<td>Relapsed</td>
<td>Carol</td>
<td>30</td>
</tr>
<tr>
<td>Claire</td>
<td>M</td>
<td>57</td>
<td>White British</td>
<td>&gt;48 months</td>
<td>None</td>
<td>Relapsed</td>
<td>David</td>
<td>30</td>
</tr>
<tr>
<td>James</td>
<td>M</td>
<td>39</td>
<td>White British</td>
<td>10 months</td>
<td>Predominantly informal and some formal (3MBS)</td>
<td>Experienced “some anxiety” but stayed well</td>
<td>David</td>
<td>26</td>
</tr>
<tr>
<td>Tim*</td>
<td>M</td>
<td>40</td>
<td>White British</td>
<td>8 months</td>
<td>None</td>
<td>Relapsed but currently well on medication</td>
<td>Carol</td>
<td>30</td>
</tr>
</tbody>
</table>

3MBS 3-min breathing spaces

* These participants attended reunions between sessions 3 and 6 of their programs

The four master themes that emerged from the transcripts were: reunions as a booster, the reunions as a sanctuary, difficulty with the group experience and wanting to put it behind me. This latter theme relates to the experience of depression for some and/or the program for others. Table 4 reveals the breakdown of themes.

Reminder of the Practices

Participants who had experienced a reunion half way through their program had found this experience to be motivating:

Richard: “I wanted to keep up the practice um and always to like when I was doing the course, going to the session just reminded me of how powerful the practices could be and it kind of encouraged me too… to chat to people a bit who had who had done the course before and found it helpful.”

The majority of reunion attendees valued being reminded of the variety of practices available to them. One long-term reunion attendee, Wendy, described a formal exercise experienced at her last reunion:

“That mindfulness walking around the room is something you never think about doing.”
Many participants spoke of the importance of the structure and discipline of the reunion meetings:

Elizabeth: "Yeah, we have to sit there don’t we for quite some time and that that is good. I don’t, I think I’ve only done that apart from when we were given it as exercises. I think I’ve only done that twice or whatever at home, but coming here and doing it is is great."

For a reunion attendee, struggling with her formal practice, being in the familiar and structured setting of the reunions enabled her to:

“do proper formal reminders that will reinforce stuff in the brain … because you’re in there and you’re in the room.”

**Sharing Experiences and Learning from Each Other**

The reunions were experienced by some as validating because of the opportunity to share experiences of the challenges of maintaining regular and sustained practices and ideas about how to overcome them:

Val: “It’s useful to talk to other people about what they’ve been doing and then someone will say, well I try I sometimes do a five minute practice when I do this, and I think oh I might try that. You sort of swap anecdotes with people.”

Meg had recently completed her program and “liked seeing people at different stages” and hearing from people who were experiencing benefits and challenges to their practice, either having recently completed the program or from 4 years previously. Meg explicitly identified the benefit to her of meeting regularly with people who had an ongoing experience of mindfulness that was helpful to them:

“I’m interested in learning skills from other people, hints of what you know worked for them. Partly I’m still interested in how people have integrated mindfulness into their everyday lives.”

**Reunions as an Opportunity to Contextualize Progress**

For some individuals, the reunion meetings served as an effective way of contextualizing their progress:

Val: “It’s quite reassuring to go to them and think, I’m finding this a lot easier than when I did it the first time round and I’m better isn’t the right word, but I’m further along… I just look back at the person I was then and the person I am now because I’m in the same setting, it makes me realize I’ve gone quite a long way.”

As well as comparisons over time, the reunion meetings provided fertile ground for some people regaining contextual memories:

Rose: “You put yourself in a situation, don’t you back in the room. You’re back in that sort of scenario so then sometimes things come up that you hadn’t remembered for me it’s sort of like situation association I suppose.”

**The Reunion as a Sanctuary**

Although many participants spoke of the importance of the support they received in being a member of a group, there was a qualitative difference in the accounts of many of the reunion attendees. Elizabeth repeatedly referred to the “calmness” of the reunions and Paula described the reunions

**Table 4** Table of themes, the frequency each theme arose and the percentage of each subgroup (attendees n=8; nonattendee n=5) who mentioned the theme

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attendee</td>
<td>Nonattendee</td>
</tr>
<tr>
<td>Reunions as a “booster”</td>
<td>Reminder of practices</td>
<td>23 0</td>
</tr>
<tr>
<td></td>
<td>Sharing experiences and learning from each other</td>
<td>8 0</td>
</tr>
<tr>
<td></td>
<td>Reunions as an opportunity to contextualize progress</td>
<td>6 0</td>
</tr>
<tr>
<td>The reunions as a sanctuary</td>
<td>Importance of the teacher</td>
<td>15 2</td>
</tr>
<tr>
<td></td>
<td>Increasing self-compassion</td>
<td>8 0</td>
</tr>
<tr>
<td></td>
<td>Developing compassion for others—interconnectedness</td>
<td>6 2</td>
</tr>
<tr>
<td>Difficulties with the group experience</td>
<td>Upward social comparison</td>
<td>9 6</td>
</tr>
<tr>
<td></td>
<td>Not my agenda/experience</td>
<td>5 10</td>
</tr>
<tr>
<td></td>
<td>Skepticism</td>
<td>0 11</td>
</tr>
<tr>
<td>Wanting to put it behind me</td>
<td>“Complacency”</td>
<td>1 9</td>
</tr>
<tr>
<td></td>
<td>Avoidance</td>
<td>3 9</td>
</tr>
</tbody>
</table>

Frequency = the number of times a theme is mentioned by participants. Percentage relates to the subgroup (i.e., attendees and nonattendees)
as a “sanctuary”. She valued the feeling of safety and the nonjudgmental attitude perceived by her from other attendees and teachers. For Paula, the reunion meetings offered a safe, supportive and containing environment:

“It all feels very (pause) um not official, official’s the wrong word and not clinical either, it it feels like we’re going to a place where people know stuff (laughs) you know and that you, you know you’re just held in a very supportive and safe environment, yeah.”

The Importance of a Connection with the Teacher

The qualities of the MBCT teachers were identified as important to individuals and one of the factors responsible for creating the compassionate space valued by some of the reunion attendees:

“Well she happens to have a very a gentle voice probably not a mindful, not a coincidence but she has a very gentle voice, a very calm, compassionate approach um and I imagine that adds into it, she’s very congruent with her message, her manner is very congruent with her message, um which I think is quite helpful (laughs).”

Reunion attendees attached importance to being able to reconnect with their original teacher at reunions. One long-term reunion attendee, Wendy, felt so strongly about not seeing her teacher at her regular reunion attendance that she repeatedly referenced this throughout her interview:

“Because David did our classes that you see, you sort of think, oh well there’s no connection at all to the classes I went to ... which is a shame really because you know you got to know David and you could talk to David (pause) but now you never see him. It’s all strange faces to us.”

Without reunion with the original teacher, some people expressed disappointment. Another long-term reunion attendee, Elizabeth also spoke of the need of a continuing relationship with the teacher and emphasized the importance of teachers demonstrating “calmness, an interest in you, um consistency” and “the teachers you see for eight weeks have got to keep this up.”

Increased Self-compassion

Following her reunion attendance, Paula recognized a more accepting attitude regarding her efforts to practice and the lapses she had experienced in her practice:

“I loved going to the last reunion and I instead of going to the last reunion and thinking, I feel really guilty because I haven’t done anything, I just felt inspired actually…”

Moreover, she described this reunion as encouraging her to facilitate a self-compassionate orientation to conducting her practices in a manageable way for her, “To start again and just to take little baby steps.”

This theme of self compassion is not only important regarding its continued encouragement at reunions for this individual, but its presence appears to be helpful to some in terms of overcoming barriers to attendance. Val described the familiar experience of her becoming anxious before going to a meeting, but then being able to recognize and self-validate her needs by responding to worrying thoughts in taking steps to self-nurture:

“It’s not really a social event, is it? It’s a—I’m there for me doing the practice really.”

Developing Compassion for Others—Interconnectedness

Some participants spoke movingly about their concern for others in the group. For Sophie, this was a major motivation for her to attend the reunions:

“To see how other people are getting on and the other people who were in my group.” Sophie experienced concern not only for others, but perceived this as a shared concern within her group, “There is a sense that everyone is rooting for everyone else.” This compassion for others was also demonstrated by Wendy who described her interaction with a fellow reunion attendee who was criticizing herself for not doing the practices, “I was saying no, you shouldn’t be like that. I don’t do it all the time but ... (pause).”

Meg described experiencing a feeling of connectedness with others that extended beyond her own class group, the reunions and to the wider international mindfulness community:

“In groups meditating with other people I feel a big connection with them even though not necessarily talking that I feel a much stronger connection with those people than I have with a group doing anything else, um and I have noticed when I’m meditating on my own as well, I still feel part of a big group. And when I’m on my own I feel connected to the group that I learned with even though I haven’t seen any of them since. Um, and I feel connected with a much wider (laughs) sort of international mindful ... its strange I do feel part of something much bigger which to me is very comforting and I know that there’s people in
Mindfulness

America doing it with Jon Kabat-Zinn, and there’s people here doing it wherever else and in Britain they’re doing it. And in that sense I feel part of the group even when I’m on my own. Which I don’t know but to me, is a good feeling.”

This feeling of being connected to other mindfulness practitioners motivated Meg to attend reunions as she valued the importance of “mixing with people who are also doing mindfulness”.

Difficulty with the Group Experience

Participants’ experiences of being in the group program and of being in the reunion groups were varied and for some were ambiguous. Those participants who experienced fewer benefits from the group experience compared their progress and experiences unfavorably to others. Others disengaged from the group experience (and reunion attendance), through skepticism, “complacency” and/or experiential avoidance.

Upward Social Comparisons

Some individuals described experiencing tensions related to being in a group and a tendency to make social comparisons. People differed regarding the degree to which they were able to challenge and overcome this barrier, and whether it influenced their decision about attending reunions. Isobel, a regular reunion attendee, asserted that she would advise anyone thinking of attending the reunions not to feel undermined by other’s positive descriptions of their practices:

“At the reunions quite a lot of people talk about, I certainly noticed the first couple I went to, in small groups people talked about how different they felt or how they had almost these mystical experiences in the process of meditation. Interesting because I feel very little in the process of meditation … But there have been times when I’ve been a bit, why haven’t I felt any of this, what they feel? Am I doing it right?”

Difficult feelings induced by such upward social comparison were also described by Richard and was given as a reason for his later nonattendance:

“There’s something slightly off putting about going to a room full of people, half of whom are going to say that you know, it’s great for me. Although that should be inspiring, when I’ve been finding it difficult to practice and having been, it will sort of make me feel worse about that.”

Not My Experience/Agenda

For some participants, the reported gains that others were experiencing from their practice, when they were not experiencing any, was understandably challenging. This increased their feelings of isolation. For one individual, Mark, this was expressed with envy and hostility and was directed at the teacher:

Mark: “The person that guided the class was so devoted to their own practice…..”
Interviewer: “And how did that come across to you?”
Mark: “A bit smug.”

When describing fellow group members, Mark adopted a distanced ‘other perspective’:

“But. They were very enthusiastic and they wanted to talk about how it helped them and how they were getting benefits. I found that quite interesting, you know. It was just interesting, you know.”

Despite having reported early benefits from the program and his practices as “powerful”, Richard struggled with his practice halfway through the program. On reflection, he speculated that his earlier gains might have been attributable to his use of antidepressants (although he could not remember when he had stopped taking them during the program). He remained motivated to attend one reunion following his program. His description of not connecting with other’s experiences bears some resemblance to Mark’s, in that the reports made by others had little resonance for him:

“But I don’t always find that what they’ve got to say is relevant to me … But I find in the reunions often the people who I’m least interested in hearing from are the ones who are talking (laughs) the most.”

Two participants were not comfortable in the group setting and they described their experiences as private. Both James and Rose preferred to continue their practices privately and individually. James described reunion attendance as “not necessary” for him and rather than requiring support and validation from such meetings, he described his experience as a very personal and private matter:

“It’s quite a private thing so I didn’t think I would get anything from doing that … I just felt that it was a journey and that it was all up to me.”

This preference for privacy was echoed by Rose and was given as her reason for subsequent nonattendance:

“I don’t really like to share, I don’t really like to. I don’t talk to other people about my problem, you know my depression, unless I have to.”
Skepticism

Both Mark and Tim entered the program with a degree of skepticism. Tim described being convinced that he knew himself well enough to believe that he could not be helped to change his thoughts by meditation. This bore similarities to Mark’s account:

“I had to believe that um this quietening of thought, the regular study of my own breathing, was going to help me through my problems with depression and anxiety … I didn’t ever actually think that, so….”

Mark described himself as being “depressed” when he started the program, he had hoped to receive more CBT; in not obtaining this, he felt let down by the service and had become prejudiced towards MBCT. Mark disengaged from the program and had no wish to attend reunions:

“It felt a bit phony to me because it was something I had done previously and I’d left it behind and it was like revisiting something again…I don’t find the need in seeing a reason to attend the reunions, no and I don’t want to go. I’m resistant to all that mumbo jumbo aspect to it all, that’s the truth of it.”

Claire became skeptical in the months following completion of her program:

“As time went on and the and the course as itself more distant I found it harder to believe um that um that it was actually going to make any difference. I became unconvinced that the fact that the fact that I was alright was anything to do with … the practice.”

Wanting to Put It Behind Me

Of the five nonattendees interviewed for this study, three (Claire, Mark and Tim) expressed the need to put the experience of the program and the group firmly behind them. This was operationalized by “complacency” and avoidance:

“Complacency”

This was a recurring theme for Richard, Tim and Claire:

Richard: “I would suggest that a certain amount of complacency almost developed where because my mood improved and because I felt that I got that out of the practice, there was probably a certain extent I was telling myself, oh you’re applying this already.”

Tim: “It was just that I wanted in in some way to just kind of put the thing behind me because I was feeling better and most most of the time since I’ve done it I felt better.”

Claire: “Then it was so easy just to stop and sort of think you know well I’m fair enough, I’m alright.”

Avoidance

This theme emerged in the accounts of all five nonattendees and one attendee, Rose, who was ambiguous about her attendance at future reunions. Tim described his discontinuation of his practice, “I basically dropped it like a hot potato.” The practices had been very challenging for Tim who had felt that “being alone with it” had been unhelpful; he had preferred talking to people about his depression as a way of coping. Although Tim had experienced some gains from his body scan practice and had enjoyed the group support, he felt that it would be “hypocritical” of him to attend the reunions. There is a note of regret and shame in his account:

“I’d have felt a bit of a fraud really. Maybe that’s it, I’ve never ever thought about it really, but I know that I didn’t do it and I’m not proud of that really.”

Rose and James described feeling aversion to the group setting in similar ways. Both found it challenging to be exposed to negativity from other group members and they experienced discomfort and a degree of anxiety at the prospect of being with people who might be depressed. They cited these factors as a barrier for their reunion attendance:

James: “I didn’t really gel with anybody; I didn’t think they got it. I thought a lot of people were um quite negative.”

Rose: “I can’t, I can’t be around people now if I think they’re depressed then I can’t, I have to withdraw because because I’m too frightened of being dragged down (laughs).”

For one reunion nonattendee Claire, some contextual memory was distressing and became generalized to remembering when she wasn’t well:

“We had a meeting at (place name) and I can’t go near that building now it absolutely gives me the phantogs it it became … gives me the same feelings … as thinking about things in my childhood which presumably started all of this … it’s like looking back on it became part of being ill.”

For Claire, the memory of the “same feelings” was retraumatizing and an insurmountable barrier for her attendance at reunions. This is paradoxical for Claire as she recognized that the reunions represented a “type of follow-up” which she repeatedly stated “should” have been helpful to her. It is important to note here that Claire was not introduced to the reunions during her program as this arrangement was not available at that time.
Discussion

The main aim of this study was to gain a better understanding of MBCT participants’ experiences of the perceived benefits of and barriers to MBCT reunion attendance. Four themes highlighted the participants’ experiences: in terms of benefits, reunion attendees experienced the reunions as a booster reminding them of their mindfulness practices and as a “sanctuary” where these practices were further nurtured within an accepting and compassionate environment. Barriers to reunion attendance were expressed as a difficulty with the group experience and the feeling of some participants to want to put the experience of depression and the program behind them. Some aspects of these themes overlap with those identified by previous qualitative studies of MBCT for depression. These are discussed below in the context of what appears to be benefits and barriers to some MBCT reunion attendance and the implications of these to continued practice of mindfulness skills and prevention of depressive relapse. Systematic quantitative and qualitative studies (Kuyken et al. 2010; Allen et al. 2009) show that many MBCT participants report the development of mindfulness and self-compassion as benefits of MBCT that are related to outcomes. To date, there is limited empirical evidence for the effects of home practice on mindfulness skills in clinical populations (Ramel et al. 2004; Toneatto and Nguyen 2007), and the research remains unclear regarding a straightforward correlation between levels of practice and outcome. Although some studies report a significant correlation with the amount of time spent practicing and improvements (Kristeller and Hallett 1999; Speca et al. 2000; Carmody and Baer 2008), others do not (Astin 1997; Davidson et al. 2003). This lack of clarity is partly due to the unreliability of self-report measures of individuals’ practice and inherent measurement challenges in the field. MBCT teachers are aware that there is much variation between individuals with regard to amounts and types of practice and outcome following MBCT. The participants in our study proved to be no exception (see Tables 1 and 2). However, for reunion attendees in this study, ongoing attendance at the reunions is an effective and valued way of supporting them in their maintenance of practices, particularly the more challenging formal practices. Not only is the structure and discipline of the reunions valued in this regard, but the culture of the meetings is described as a “sanctuary”, a safe, containing and nonjudgmental space where challenges to mindfulness practices are described as being met with acceptance and compassion by teachers and group members. The teacher’s embodiment of mindfulness qualities are cited by some as important and are consistent with Ma’s (2002) findings. Reconnecting with this acceptance and compassion are cited by some as the reason they come to the reunions. Acceptance is a prerequisite to self-compassion and compassion for others (Feldman and Kuyken 2011) and previous qualitative studies have noted this theme (Finucane and Mercer 2006; Ma 2002; Mason and Hargreaves 2001; Allen et al. 2009). Buddhist scholars (Feldman 2005) have long argued that mindfulness can cultivate self-compassion. Furthermore, the development of self-compassion for some individuals in this study appears to be a mechanism which enables challenges and barriers to practice to be met and has been noted in previous qualitative studies (Allen et al. 2009; Williams et al. 2011). Self-compassion appears to provide motivation for continued practice (Kuyken et al. 2010) and this was found to be consistent with the accounts of Paula and Val. It seemed that self-compassion was a mechanism for participants to prioritize their needs and self-care.

The development of compassion appears important for our emotional and psychological well-being (Gilbert and Proctor 2006; Hutcherson et al. 2008; Lutz et al. 2006). Some reunion attendees reported feeling compassion towards fellow “sufferers”, and this is consistent with quantitative data showing mindfulness can enhance interpersonal relationships Carson et al. 2004; Singh et al. 2006). Kristin Neff describes “common humanity” as perceiving one’s experience as part of the larger human existence” and is one of the three components she describes in her definition of self-compassion (Neff 2003). This is the first qualitative study to present participants’ accounts of compassion felt towards other group members and its role in their own recovery. For some reunion attendees, this developed into a feeling of connectedness with others beyond their immediate group. This is experienced as compassion for a collective struggle, not only in relation to the challenge of maintaining practices, but also in meeting the challenge of living with depression.

Previous qualitative studies have noted the beneficial effects of group factors such as destigmatization, identity and support (Allen et al. 2009; Mason and Hargreaves 2001; Finucane and Mercer 2006). However, in this study, experiences were mixed. Most reunion nonattendees expressed feelings of not being part of the group and not relating to other members whose experiences were perceived as being very different from their own. Painful upward social comparisons were made (Ahrens and Alloy 1997) and proved to be a barrier for some to reunion attendance. The inevitable social comparisons that occur in groups (Higgins 1996) appeared to reduce self-devalutative thinking in Allen et al.’s (2009) study. However, in our sample, people engaged more often in the type of social comparisons that had a negative impact upon their mood and is consistent with research describing such affects on those vulnerable to depression (Bazner et al. 2006). Although this was evident in the accounts of the majority of nonattendees, it was also present to a lesser degree in some of the reunion attendees’
accounts (Table 4). There are many challenges involved regarding teaching MBCT to this client group (Segal et al. 2002) and, for some people, who may be more experientially avoidant, the group setting and the sharing of experiences during group discussion could be especially challenging.

The importance that individuals placed on connecting with their original teacher appears to be more than a preference for familiarity. In Claire’s case, there might be an important attachment component to this relationship (Faber et al. 1995). Facets of mindfulness have been shown to be associated with attachment security (Shaver et al. 2007). Thus, the consistency of the same teacher(s) at reunions may be pivotal for some regarding the acceptability of the support offered by reunions.

**Limitations of the Present Study and Future Research**

Only five nonattendees were recruited and an opportunity was missed regarding the recruitment of participants. The information letter could have more directly referenced the importance of interviewing those who felt they had not benefited from the program, had disengaged and not attended the reunions. The classification of attendees and nonattendees was problematic when classifying one individual, “Sophie”, as she had wanted to attend the reunion meeting she was invited to but had felt too physically unwell to attend. This participant stated that she very much valued the availability of the reunions and voiced her intention to attend future meetings. A decision was made by the researcher (VH) that a reason given (as in this instance “not feeling up to it”) might prove difficult to accurately evaluate (i.e., this could be a valid physical health reason or could be symptomatic of avoidance). Future studies will benefit from recruiting a larger and more varied participant sample.

The accounts of individuals provide important perspectives on reunions supporting the more challenging maintenance of formal practices over informal ones for some. For other individuals, reunions were valued as providing a valuable opportunity for sharing practical ways of integrating mindfulness practices to everyday life (i.e., informal practices). More reliable measures of practices, particularly with regard to informal practices, are needed as the accounts in this study describe different practices being important to different people. Such information may help to provide guidance to those devising the focus of reunions in what might be most helpful to people in terms of ongoing support of practices and relapse prevention.

Further investigation into the nature of experiential avoidance and how this relates to attachment styles and heightened vulnerability towards disengagement may assist those developing such interventions to enhance the acceptability and effectiveness of MBCT reunions.

Finally, while we have included some limited quantification of the frequency with which themes occurred in the data (Table 4), we acknowledge that IPA is not normally associated with this sort of quantification. It is offered instead to inform future research about areas likely to be worth exploring in quantitative research.

**Clinical Implications**

MBCT is a relatively new intervention with an emerging evidence base for its efficacy and mechanism. However, the field has yet to adequately address the relationship of ongoing mindfulness practice to beneficial outcomes and what may be effective in providing ongoing support beyond the end of the 8-week program. Mindfulness is hard work and requires practice (Crane 2009). Moreover, for this client group, the challenge of shifting from experiential avoidance to turning towards and welcoming the difficult is not only counter-intuitive, but enormously courageous. Experiencing success in this endeavor results in increases in self-efficacy (Allen et al. 2009) and, if maintained, is likely to lead to long-term reductions in suffering (Teasdale and Chaskalson 2011). This study’s aim was to gain an in-depth insider’s perspective of MBCT participant’s experiences of the benefits of and barriers to attendance at MBCT reunions following completion of their program and to compare the experiences of reunion attendees with nonattendees. For the reunion attendees in this study, the continued support and validation from others practicing mindfulness appears to be “inspirational” and important in a number of ways. For the nonattendees, the program and the reunions had failed to engage some, while others developed alternative or preferred ways of coping or supporting their practices.

The tension in advising people with a tendency to self-devaluate (Teasdale 1999) that regular practice is fundamental is a challenging one. The Exeter model of an early introduction to the reunions appears to be an effective and supportive way to meet this challenge for some reunion attendees. The importance that attendees placed on the reunions being “a sanctuary” is valuable information for teachers, in considering how to involve former MBCT participants’ collaboration to develop the meetings to best meet their needs. The preservation of this sanctuary may involve practicalities such as the setting and maintenance of boundaries such as time keeping, confidentiality and consistency of time and place for the reunion meetings. The theme of the importance of the teacher specifically in terms of ongoing contact for the participants with their original teacher was a significant concern for some. Consideration needs to be given to this in the setting up of reunions. If this is not possible, then organizing and running reunions with sensitivity and attention to possible attachment issues seems
Mindfulness

important. For individuals who may have insecure attachment styles (Bowby 1980), early preparation for the end of the program may be helpful. Furthermore, for those who have engaged, the therapeutic distancing (Daly and Mallinokrodt 2009) afforded by the quarterly reunion meetings may prove facilitating to those with attachment anxiety to learn to function more autonomously.

Participants ideally enter the program currently recovered or recovering from depression. Low mood generally hinders a person’s ability to apply themselves to a demanding homework regime of practices. For these individuals negative thinking and disengagement are ways of making sense of their experience and protecting themselves from further aversive experiences (Aldao et al. 2010). Moreover, the experiences of some individuals in this study suggest that in low mood, participants may be more vulnerable to unhelpful social comparison and disengagement. This supports the need for mood to be assessed as close to the beginning of the program as possible to maximize gains or at least to collaboratively set realistic goals regarding outcome, so that clients and teachers do not become disheartened. The practice might still be useful but expectations and results might be explained differently. It might be helpful for teachers to pay careful attention to diversity of experiences and views so that the detrimental impact of social comparison, aversion and complacency can be minimized. In terms of the focus of reunions, it seems important to continue to focus upon the use of practices to cultivate mindfulness and self-compassion, especially when people are in the midst of aversion, low mood or cognitive reactivity.

This is the first study to explore the perceived benefits and barriers to reunion attendance and, as such, may provide insights for the ongoing development of MBCT to enhance its acceptability and effectiveness to this client group. For some individuals, the provision of reunion meetings appears to be a promising and cost-effective way to support maintenance of skills and relapse prevention in the longer term.

Acknowledgments The following individuals are thanked for their helpful comments on earlier drafts of this paper: Alison Evans, Dr. Elizabeth Guinan, Dr. Ruth Harper and Dr. Janet Smithson.

References


Kabat-Zinn, J. (1996). Mindfulness meditation: What it is, what it isn’t, and it’s role in health care and medicine. In Y. Haruli, Y. Ishii,
Mindfulness

M. Suzuki (Eds.), *Comparative and psychological study on meditation* (pp. 161–169). Netherlands: Eburon.


