

2021 08 26 - SMC workshop background note : Mike Hales

Can the mindfulness demographic be extended - through better informed expectations, through adapted provision?

Conference prospectus

This workshop is described as follows:

Advocates have developed a sense that the following kinds of actions might usefully to be taken. In this session we will discuss these possibilities, and hopefully, set out some initial steps.

- Altering **expectations** of what a mindfulness group is and does, in the general public view, and in specific demographics, notably younger people.
- Targeted **provision** of and recruitment to mindfulness groups, by the Sussex Mindfulness Centre.
- Provision via community as well as NHS channels?

What's the problem? Some background thoughts

Julia, note to Mike

If you say you practice mindfulness you either:

- a) Are talking to someone who is self-aware and already 'into' various well-being practices,
- b) Risk being laughed out of the room; or
- c) Have to make sure you've got a word-perfect explanation of exactly what that means without sounding like someone who has nothing better to do with their lives.

Helen, reflecting on a recent SMC teacher-teaching session

[We discussed] . . the practicalities of getting people **to engage** in the first instance, to draw them in when they might be a little bit **resistant**, to get them to do their homework practice, and to keep them practising . .

Mike, workshop prompts for mindfulness teacher-trainees

To help people develop appropriate expectations . . what three or four things would you highlight, about **the experience of participating** in a mindfulness group? [An eight-week group? Some other kind of group?]

Mike, reflecting with Robert Marx on self-exclusion

One of the younger people who became an advocate set out to enquire why people under, say, 25 years old, might not be open to mindfulness therapy and self-referral into the service.

Initial exploring suggested two things about expectations. First, people might mistakenly think of a mindfulness group as 'group therapy' and 'talk therapy', where everyone must speak; and feel understandably reluctant to **dump out their stories** with strangers. And second, they anticipated - not unrealistically - being in a group with older people, who don't **share their perspectives and issues**. Both of these, then, are bases of self-exclusion.

If either or both of these were the case, the **response of the service provider** would need to be twofold. On one hand, an opening of people's expectations, through well-informed perception of what mindfulness practice is, and what training is in fact like. On the other hand, specifically focused provision and recruitment.