**////Title: The Multi-theory Model (MTM) of Health Behavior Change: Understanding Meditation, or ‘Dhyana’**

**////Stand-first**:

The multi-theory model – or ‘MTM’ – of health behavior change provides a theoretical framework for understanding and promoting health behaviors. Professor Manoj Sharma from the University of Nevada, Las Vegas, has now applied this model to understand the factors that lead people to take up meditation – or ‘dhyana’ – and to maintain this health-related behavior over time. His findings confirm the utility of the MTM in informing behavior change interventions and open up important avenues for future research.

**////Main text:**

Meditation, broadly defined, is the regular, purposeful practice of becoming aware of one’s bodily sensations, thoughts, or other points of focus. In the USA, its popularity began in the 1950s with Zen meditation. Now, there are several schools of meditation to be found, including mindfulness, transcendental meditation, Kriya yoga, Kundalini, Zen, and Buddhism.

The exponential growth in the popularity of meditation is evidenced by the sheer volume of academic papers and popular news articles devoted to the topic. Analyses of data from the 2017 wave of the National Health Interview Survey in the USA found that a staggering 46 million adults regularly practice meditation in some form.

Adoptees of the approach reported using it to cope with chronic illness and to offset the high costs associated with healthcare. The practice is inexpensive and training programs are readily available. Further reported benefits include improvements in mood and reductions in stress and anxiety, among many others.

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Despite its widespread popularity, critics point to the ambiguity and inconsistency in how meditation is defined and undertaken. A further concern relates to a current lack of understanding of how and why meditation may actually exert beneficial effects.

The multi-theory model – or ‘MTM’ – of health behavior was developed by Professor Manoj Sharma, a global health behavior expert based at the University of Nevada, Las Vegas. While the MTM can be applied to a wide range of health-related behaviors, two domains are core to the model: *initiation* of a specific health behavior and *sustenance* of this behavior.

Working with colleagues, Professor Sharma undertook a study of adults in the USA to test whether the MTM can explain why people take up meditation – initiation – and continue to maintain the behavior – sustenance.

His team collected data from a total of 330 adults, 64 of whom practiced meditation. Participants completed an online questionnaire consisting of questions on their meditation practices and various perceptions relating to this.

Professor Sharma and his team used a statistical technique known as hierarchical multiple regression modeling to test how well the predictors proposed according to the MTM explained participants’ initiation of meditation. They found that two MTM constructs were key to the initiation of mediation.

The first MTM construct that predicted the initiation of meditation was participatory dialogue – the assessment of the advantages and disadvantages of undertaking a given behavior. Intuitively, the more acutely we perceive the advantages of undertaking a behavior, the more likely it is that we will follow this through into action. Thus, Professor Sharma suggests that educational approaches aiming to emphasize the advantages of meditation will help motivate individuals to take it up.

The second MTM construct that predicted the initiation of meditation was behavioral confidence. This is the extent an individual felt confident they would take up meditation. Professor Sharma notes that, although highly influential, the overall levels of behavioral confidence were low. As such, interventions seeking to increase behavioral confidence in relation to meditation are likely to be valuable in future work.

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The researchers used the same statistical technique to test the MTM predictors of the sustenance of meditation. Here, emotional transformation, in which emotions are converted into intentions and channeled toward meditation and self-improvement, was critical. The second predictor emerging as important was that of changes to the social environment, or support from family and friends.

Professor Sharma notes that for predominantly older adults, as studied here, lack of support may be an influencing factor, and improving this through the inclusion of partners or friends could form a focus for future interventions.

These findings confirm the utility of the MTM in designing, implementing, and evaluating evidence- and theory-based interventions focused on meditation. Professor Sharma proposes that researchers and clinical practitioners can now use these findings to effectively promote meditation as an intervention for different groups of individuals.

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Taking this conviction forward, Professor Sharma recently explored the impact of performing introspective meditation – or so-called ‘manan dhyana’ – before pleasurable activities in a preliminary study with college students. College can be a particularly stressful period, and students are prone to chronic stress arising from pressure to succeed, academic performance, and their plans following graduation.

Unfortunately, students often choose activities that provide immediate gratification and sensory pleasures, taking their focus away from their studies and serving to worsen their stress. The development of more helpful approaches to stress management would help to break this maladaptive cycle.

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Introspective meditation, or reflection on one’s own thinking, has been proposed as one way to help alleviate stress. Professor Sharma and his colleagues focused on the use of introspective meditation performed before pleasurable activities involving sensory pleasure involving touch, sight, taste, smell, or hearing. This has relevance to particular behaviors including sexual risk-taking and substance misuse.

The team again used the MTM to explore the predictors of initiation and sustenance of introspective meditation in a sample of 65 students, 14 of whom engaged in the practice. This time, changes in the physical environment were key to the initiation of the intervention. By improving the availability of and accessibility to suitable spaces to complete the meditation practice, Professor Sharma proposes that students would be more likely to take it up.

In terms of sustenance, the emotional transformation was again found to be critical. In this context, such transformation would allow students to turn negative feelings into positive goals. Professor Sharma notes that campus resources such as counseling services and approaches to building emotional intelligence would be useful in facilitating this.

While future studies are required to fully test the MTM in college students with a view to reducing stress and improving their well-being, these findings from Professor Sharma offer an important step forward in the development of effective interventions for students, while also reducing maladaptive and risky behaviors such as drug and alcohol use. Furthermore, this work complements the growing body of literature confirming the value of the MTM in understanding and promoting health behaviors.

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This SciPod is a summary of the papers ‘Can the multi-theory model (MTM) of health behavior change explain the intent for people to practice meditation?’ in the Journal of Evidence-Based Integrative Medicine,doi.org/10.1177/2515690X211064582, and ‘Introspective meditation before seeking pleasurable activities as a stress reduction tool among college students: A multi-theory model-based pilot study’, published in Healthcare, doi.org/10.33390/healthcare10040614.

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