

Interview: "Mindfulness-based therapy halves the chances of depression recurring," says psychologist Kuyken.

"Sadness is just like bad weather. Until now people who suffer depression learned how to change their thoughts. Stopping that struggle and accepting thoughts may be easier," says Dr Willem Kuyken. Interview by **Simone de Schipper**.

The strange thing is not that 35 people in a small room are watching their breath and the sensations in their toes. Or that they – in the tradition of Buddhist practices – are watching their feelings and thoughts in the same way. What is remarkable is that they are psychologists and psychiatrists working in the Dutch health service, that the room is in the Radboud University of Nijmegen and the workshop is led by Dr Willem Kuyken, a clinical psychologist at the University of Exeter.

Willem Kuyken is introducing the participants to Mindfulness-based Cognitive Therapy (MBCT). This therapy is designed to prevent recurrences of depression, is based on "mindfulness" (see insert), a meditation technique originating in Buddhism.

The origins of stress-reduction

Mindfulness – bringing attention to the present moment without judgement or elaboration – originates in Buddhism. Since the 1980's Jon Kabat-Zinn has reworked the techniques, without the cultural and religious overtones, into Mindfulness-based Stress Reduction (MBSR). In the United States MBSR is available in more than 250 hospitals for people with chronic physical health conditions, pain and anxiety. In Europe it is becoming increasingly accessible. In Canada and Great Britain the techniques have been adapted by Zindel Segal, Mark Williams and John Teasdale into a therapy package to help people prevent recurrences of depression. According to the first research *Mindfulness-based Cognitive Therapy* (MBCT) halves the chances of depression recurring.

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It is surprising how quickly courses and therapies based on mindfulness are becoming popular in the mainstream. In the Netherlands they are being advocated by (psychiatric) hospitals, as well as other healthcare settings and psychologists in private practice.

Kuyken – despite his Old Dutch name and Dutch parentage – is British and prefers to speak English: "MBCT does use practices from the Buddhist tradition. But they are being used in the service of helping people step out of negative ways of thinking. *Mindfulness* is a practice for being in the here and now, and whatever arises in the moment – the breath, bodily sensations, feelings, thoughts, sounds. If the mind wanders off – and it will continually – then you bring it back gently to the breath or wherever the attention is being directed. Through this process you try not to change or elaborate the experience, not even label it as good or bad, but to welcome experiences as they are."

Gold standard

In this respect MBCT differs fundamentally from "classical" cognitive therapy, regarded as the gold standard psychotherapy. Cognitive therapy teaches patients to examine their thoughts and where necessary to change them.

Kuyken: "MBCT is not so much concerned with what people think, but more with how they think, the process of thinking. It gives an alternative viewpoint to thoughts, rather than regarding them as facts.

"That can be liberating for people who suffer recurring depression, because they spend a lot of time brooding and worrying. "Why do I feel so bad? How can I make things better? Why am I so bad at coping? I am inadequate, I would be better off dead." Through the endless why-questions and attempts to answer them, they start to feel worse and start brooding even more. It's an engine that can get depression going and once started can exacerbate it.

"A key in MBCT is helping people to step out of these ingrained and automatic ways of reacting," says Kuyken. "We spend much of our life living on automatic pilot and it doesn't always react in the best way. Someone who is prone to ruminate and who regularly gets down, automatically goes off into negative thinking – creating yet more negative thinking. As they learn to step out of automatic pilot and be fully present, they have a chance to respond differently."

"The gloomy thoughts and feelings still arise, but you learn to treat them like the weather: here comes another dark cloud, with gloomy thoughts and despair. You can stand right in the middle and become depressed, or you can take a step back and see it as a dark cloud, a bad moment or day. Then you know: this too shall pass. This interrupts the brooding. It takes the fuel out of the fire."

This is important for people with a history of depression, because the whole constellation of sad feelings, extreme emotional thinking and loss of motivation gets activated more and more easily. A first episode of depression is usually preceded by an upsetting life event, a divorce, the death of a loved one. But for subsequent episodes the automatic pilot can respond to just a downturn in mood – fuelled by negative thoughts like: "Oh no, here I go again" – and the downward spiral sets off again. After a first episode the chance of recurrence is 50 percent, after two episodes it is 70, after three 90 percent. In the group of people who have had three or more episodes some symptoms of depression tend to endure between episodes.

The first research into MBCT, with 145 and then 75 patients, has been positive. Among people with a history of three or more depressive episodes, the eight-week MBCT course halves the chances of relapse. As is often the case, these first studies were carried out by researchers who were enthusiastic about the topic. Subsequent research can sometimes show more moderate outcomes. "But hopefully we will replicate the findings," says Kuyken.

Among people who have experienced fewer than three episodes of depression, chances of recurrence are unaffected. "We don't know why that is. Maybe it's because the tendency to ruminate only gets implicated in a downward spiral into depression after people have experienced several episodes. Or maybe it's because people who have had more episodes are more motivated to change. And who knows, maybe after one episode automatic pilot provides a pretty reliable way of reacting.

Up to now the studies have only looked at the percentage of people who relapse. In Exeter we are also looking at people's quality of life. If after a course of MBCT people relapse, is their depression just as severe, do they

experience it differently or do they learn from further relapses? In research with MBSR it seems that people with chronic physical health problems report much improved quality of life. Something is really happening; for example with patients with psoriasis the skin condition clears up."

Brooding

Does accepting thoughts really work better than changing thoughts? Kuyken: "We don't know. Maybe for people who suffer a lot of depression it is easier. For them the negative thinking can be deeply rooted. Maybe changing these thoughts isn't possible, but it is possible to take a different perspective on these thoughts and feelings, and accept them." The struggle – "I keep thinking negatively, I should stop that" – is itself problematic, especially if it doesn't work; then it becomes a prime subject for brooding.

"Does MBCT work better than standard cognitive therapy?" "I don't think so. The first studies of cognitive therapy to help people prevent relapse (among people with a long history of depression) suggest that the percentage of people prevented from relapsing is about the same. The problem is that there are simply not enough cognitive therapists and the waiting lists tend to be very long; cognitive therapy is typically one-to-one therapy. Most people don't have access to any psychological help to prevent recurrence.

"With MBCT you can help larger groups in an eight week course. We are teaching courses with 15 and even 20 people. This works well and is cost-effective. In Britain the National Institutes of Clinical Evidence advocate MBCT for people who suffer recurrent depression as part of the health service.

For patients the investment in attending a course is considerable. During the course they have to complete home practice every day, which includes a 45 minute mindfulness practice guided through a CD. Mindfulness practice is something they are encouraged to keep doing, for the rest of their lives.

"Not necessarily 45 minutes. But to keep reaping the benefits, it is important to practice observing, accepting and responding mindfully, rather than on automatic pilot. It is important to weave the parachute every day, so that when it is needed it works.