

Mindfulness Based Cognitive Therapy (MBCT)

Background and Description

Mindfulness-Based Cognitive Therapy (MBCT) was developed by three specialists in treating depression, Zindel Segal, PhD, University of Toronto, and Mark Williams, PhD, and John Teasdale, PhD, both of Oxford University in England. Noting that, even with treatment, patients who had suffered one episode of major depression, relapsed at a rate of 50% in the first year, with the rate increasing to 70-80% relapse within a year after a third episode, these three experts felt that a new approach was needed. The available antidepressant medications and psychotherapeutic modalities just didn't work well enough. In addition, antidepressants often came with troublesome side effects.

Working under grants from The MacArthur Foundation, the UK National Health Service and the National Institute of Health, Segal, Williams, and Teasdale began researching the causes of relapse. They learned that each relapse lowered the threshold for the next relapse to occur. With each incident of major depression, even milder negative mood swings and ruminative thought patterns, the precursors of relapse, could trigger the next episode. Controlling these precursors seemed to be the key. They noticed that both Mindfulness-Based Stress Reduction (MBSR) developed by John Kabat-Zinn, and Dialectical Behavior Therapy (DBT), pioneered by Marsha Linehan, used mindfulness to distance the practitioner from ruminative thinking and the moods that triggered such recurrent worrying. They adapted Kabat-Zinn's MBSR protocol, originally developed for those suffering from stress-related illness and chronic pain, to fit the needs of those diagnosed with depression, choosing to include strategies from Cognitive Therapy (CT). (David, you could include links to the MBSR and DBT lessons in this paragraph.)

The following is a brief video introduction to MBCT by Mark Williams.

Overview of MBCT

Like MBSR, MBCT is taught as a group intervention that takes the form of a participatory psychoeducation course. An MBCT course is comprised of 8 two-and-a-half hour sessions with a daylong silent period of mindfulness practice between lessons 5 and 6. A main focus of each session is the teaching of mindfulness, defined by Kabat-Zinn as paying attention on purpose to present moment experience without judgment. Various kinds of mindfulness are taught experientially, including mindfulness of the breath, a mindful body scan, and mindfulness of sounds, thoughts, and emotions. In addition, simple yoga postures are introduced but with a different emphasis, simply to cultivate mindfulness through movement of the body. Participants practice silent mindfulness meditation during each session for periods of up to 30 minutes. Ample opportunity is provided for participants to share their experience and ask questions about the specifics of these practices and the challenges they encounter as they learn them. Just as with MBSR, information is also shared, although in MBCT the information concerns depression, rather than stress or pain. The information focuses on the causes of relapse of major depression. In addition, MBCT includes coaching on strategies from CT that have been shown to be effective for patients suffering from depression. Visit the Mindfulness-Based Cognitive Therapy website for a [description of MBCT topics class by class](#).

Jon Kabat-Zinn describes the shift in attention involved in mindfulness practice in the following video.

The MBCT Therapeutic Approach and the Role of Mindfulness

MBCT utilizes mindfulness training and CT. These two modalities both emphasize changing our relationship to our thoughts. To hear Mark Williams describe how mindfulness accomplishes this shift, watch the video below.

For a brief description of how mindfulness practice differs from traditional therapeutic approaches to insight and change, read Segal's article "[Finding Daylight: Mindful Recovery from Depression](#)." *Psych Net* Jan/Feb, 2008,

In addition to mindfulness, MBCT also includes psychoeducation about depression and its dark thought patterns. Drawing on strategies from CT, clients are taught to view their negative thoughts as products of their own minds rather than as truths or facts. A CT activity used in MBCT focuses on automatic negative thoughts. The list of 30 such thoughts used in MBCT is given [here](#). Participants are asked to identify those that are most common for themselves. Recognition of such habitual thought patterns can help clients to disidentify from them. Humor is also used as an aide in the disidentification process. For example, participants find playful labels for their own list, such as "The Usual Suspects" or "My Top Five Hit Parade."

Between MBCT sessions participants are asked to practice sitting mindfulness, mindful movement, and CT strategies at home. Students are given a copy of Williams, Teasdale, Segal and Kabat-Zinn's book, [The Mindful Way Through Depression: Freeing Yourself From Chronic Unhappiness](#) (New York: The Guilford Press, 2007) as a study guide and to facilitate the homework. The book includes a CD with guided mindfulness practices, including both sitting and movement, by Kabat-Zinn. Upon completion of the class series, participants are encouraged to continue using their mindfulness and CT exercises on a regular basis. Committing to a regular MBCT practice entails a positive meta-message about oneself. As Zindel notes:

"Making some time to check in with yourself each day, through practicing mindfulness for example, is important. This is

because doing so erodes one of the residual effects of depression, namely, subtle messages that you don't count or are not worth it." [Mindfulness-Based Cognitive Therapy: An Interview with Zindel Segal](#)" by Elisha Goldstein.

Mindfulness is so central to MBCT that it is essential that MBCT trainers are themselves mindfulness practitioners. To read about Mark Williams reaction when he found out that Jon Kabat-Zinn would require him to practice himself if he was going to use mindfulness in his therapy with clients, see Jane Fineman's article "[Declutter Your Mind](#)" in *The Independent: Online Edition* March 15, 2005.

Research on MBCT

MBCT was initially developed for use with patients suffering from depression so it is no surprise that there is more research on the use of MBCT with depression than on any other clinical issue. This research shows that for those who have suffered a bout of major depression, attending an MBCT training reduces relapses by 50%. According to one recent study of MBCT,

"For depressed patients achieving stable or unstable clinical remission, MBCT offers protection against relapse/recurrence on a par with that of maintenance antidepressant pharmacotherapy." Segal ZV, Bieling P, Young T, MacQueen G, Cooke R, Martin L, Bloch R, Levitan RD (2010). [Antidepressant monotherapy vs sequential pharmacotherapy and mindfulness-based cognitive therapy, or placebo, for relapse prophylaxis in recurrent depression](#) . *Arch Gen Psychiatr* 67(12):1256-64.

Research on MBCT for prevention of depression relapse has now reached the stage where MBCT is considered to be an evidence-based practice for depressed patients. MBCT is also being researched, with initially promising results, for a number of other mental health issues including bi-polar disorder, hypochondriasis, panic disorder, and generalized anxiety disorder.

The mechanisms by which MBCT works are also being explored. Preliminary results suggest that the following may be involved: increased self-compassion, reduced rumination, reduced cognitive reactivity to negative affect, increased emotional balance, and the abilities to observe and describe one's inner experience, to act with awareness, and to accept without judgment. (See articles below.)

Additional Resources

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MBCT training opportunities are listed [here](#).

[Website](#) for University of California, San Diego Center for Mindfulness, which offers MBCT training. .

Recent Research Articles on MBCT for Depression

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