এই লেখাটি 'মনভুবন' এর ২য় সংখ্যায় প্রকাশিত হয়েছিল।

Mindfulness Based Cognitive Therapy Compared to Cognitive Behavior Therapy in Treating Depression

It is well known that among the mental disorders, depression is often chronic and having high rate of relapse (relapse rates as high as 50-80%).[5] Individual CBT has been shown to be effective at treating acute depression and reducing relapse,[3,4] but because of its time consuming process, it makes the waiting list lengthy for individual therapy. Here comes the Mindfulness Based Cognitive Therapy (MBCT, developed by Kabat-Zinn and his colleagues[6]), which is a group-based cost-effective intervention in recurrent depression.[9] MBCT incorporates mindfulness training as a central component (Mindfulness means focusing one's attention on the present moment) and the components of cognitive behavior therapy[2].

It is designed as a class-based intervention in a series of eight 2-hour classes with 9-15 participants in a group at weekly intervals, and participants practice meditation using CDs with specific instructions for about 45 minutes daily at home.

MBCT focuses on fostering meta-cognitive awareness and the modification of meta-cognitive processes (those maintain unhelpful reactive or ruminative mind states) where as standard CBT focuses on changing the content of thoughts.

MBCT teaches people to become more aware of their thoughts and feelings, and to disengage gently but deliberately from negative rumination by bringing their awareness back to the here and now, using a focus on the breath or body sensations as an anchor. It enables patients to identify the triggering situation of the negative and ruminative responses and encourages them to see this pattern of thought as only mental events, rather than necessarily valid reflections of reality and to de-centre from it.

The main difference of CBT and MBCT is the focus. MBCT focuses on fostering meta-cognitive awareness and the modification of meta-cognitive processes (those maintain unhelpful reactive or ruminative mind states) where as standard CBT focuses on changing the content of thoughts.[8]

MBCT approach has been shown to be effective in a variety of physical and mental health conditions, including depression, chronic pain, cancer, psoriasis, eating disorders and anxiety.[1] This approach more than halved relapse rates to the patients. Where antidepressant and CBT failed to bring about a full response, there MBCT has shown a new promise in treating recurrent depression making a significant impact on relapse rates of depression[7] and demonstrating encouraging prophylactic effects.[10]

Following steps describes one way to be mindful[11]:

1. Think- what is my main purpose at this moment? (For example, doing one's daily mindful practice, focusing on one's breath as the purpose, attending to the task of completing the report, listening to a patient/client, reading a bedtime story to one's child). Think- what am I here for? Reminding you to go back to your purpose is a very good way to keep you mindful at the moment.
2. To be mindful, one needs to keep audit of one's attention or concentration pattern. If or when one's mind wanders, one needs to stop and observe, what's going on in one's mind, and be aware of that. One need to check or audit: (a) what am I thinking about? (past, future, planning, worrying etc.) (b) What's my real feeling (pleasant, unpleasant, neutral etc) (c) What am I sensing now? (seeing, hearing, tasting, smelling, touching etc.) (d) What am I experiencing in my body now? (tension, breathe, tightness)
3. To bring back one's awareness/ attention to the moment and to the purpose by focusing on breathing in and breathing out.
4. To repeat these steps as necessary to bring oneself back to the moment

Finally, the important question is: how can we be mindful always? A better way to apply this process of mindfulness is to do it every day, in a quiet place, and transform such mindfulness experience to all other activities, one encounter on daily basis. Although the concept of mindfulness might seems complicated, it can be understood in a simple way if we can see its essence, its link with meditation, and cognitive psychological strategies to make us more

productive in handling the affairs of our lives which we often find beyond our capacity to manage. So, let's be Mindful always, and enjoy our lives!

Concluding Comments

In Bangladesh CBT has been very popular among the Clinical Psychologists and its trainees so far, as the emphasis of our Clinical Psychology training was, and still it is, on CBT. But, it is time to look carefully to other contemporary models of psychotherapy as well. MBCT is just one of them, which is incorporating knowledge of Cognitive Psychology, eastern Yoga and the traditional CBT. Good news is that the outcome of MBCT in treating grave disorders like chronic depression is quite promising and cost-effective. Therefore, its high time to look beyond individualistic CBT model alone, and start thinking about ways to adapt group therapeutic MBCT, as another strong alternative models of psychotherapy for densely populated Bangladesh, which will be more cost effective, and definitely will enhance our quality and effectiveness as a clinical psychologist, and will hopefully give us extra power to heal our difficult chronic cases in clinic and field level.

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References

1. Baer, R. A. (2003) Mindfulness training as a clinical intervention: A conceptual and empirical review. Clinical Psychology: Science and Practice, 10, 125-143.
2. Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). Cognitive therapy of depression. New York: Guilford Press.
3. DeRubeis, R. J., Hollon, S. D., Amsterdam, J. D., Shelton, R. C., Young, P. R., Salomon, R. M., et al. (2005). Cognitive therapy vs. medications in the treatment of moderate to severe depression. Archives of General Psychiatry, 62, 409 - 16.
4. Hollon, S. D., DeRubeis, R. J., Shelton, R. C., Amsterdam, J. D., Ronald, M., Solomon, R. M., et al. (2005). Prevention of relapse following cognitive therapy vs. medications in moderate to severe depression. Archives of General Psychiatry, 62, 417 - 22.
5. Judd, L. J. (1997). The clinical course of unipolar major depressive disorders. Archives of General Psychiatry, 54, 989-991.
6. Kabat-Zinn, J. (1990). Full catastrophe living: The program of the Stress Reduction Clinic at the University of Massachusetts Medical Center. New York: Delta.
7. Kenny, M. (2008). Mindfulness-based cognitive therapy for depression. Psychoneuro-immunology: mind-body medicine, 26 (1), 34.
8. Kenny, M. A., Williams, J. M. G. (2007). Treatment-resistant depressed patients show a good response to Mindfulness-based cognitive therapy. Behaviour Research and Therapy, 45, 617-625.
9. Ma, S. H., & Teasdale, J. D. (2004). Mindfulness-based cognitive therapy for depression: Replication and exploration of differential relapse prevention effects. Journal of Consulting and Clinical Psychology, 72, 31–40.
10. Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology, 68,* 615–623.
11. Greenberg, J. S. (1999). Comprehensive Stress management. Boston, McGraw-Hill.

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