

Mindfulness for Anxiety and Depression

Tim Duerden

Senior Lecturer University of Salford

School of Health & Society

Lead trainer for Integrated Mindfulness Ltd. & Mindful Resilience Enhancement

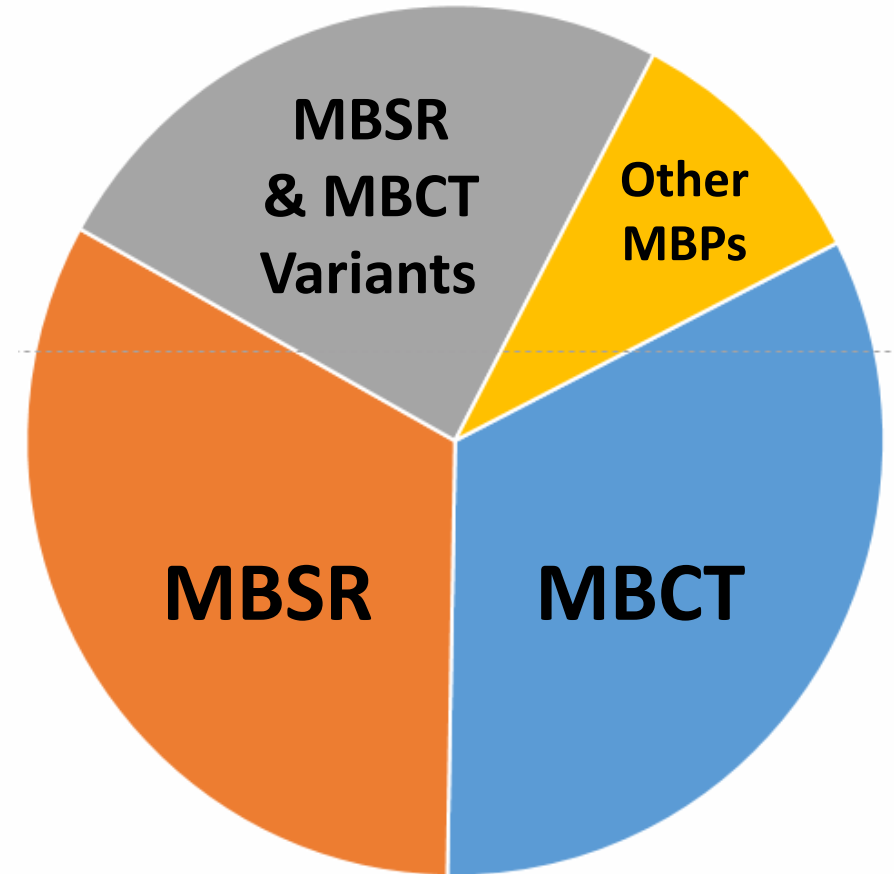
This presentation will be available at
www.integratedmindfulness.com/show

Living With A Human Mind

- ‘Anxiety’ and ‘depression’: clinical terms for when thoughts and feelings become a source of overwhelming distress.
- Sadness and anxiety are normal, usually self-limiting, life experiences – but a tipping point can be reached where their intensity and persistence prevents us from doing what matters to us.
- Mindfulness (or its equivalents) has arisen in most cultures as a way of living with our minds with more resilience and insight, helping to prevent the extremes that can undermine doing what matters to us.
- Mindfulness Based Programmes (MBPs) aim to cultivate mindfulness resilience through a group-based course.

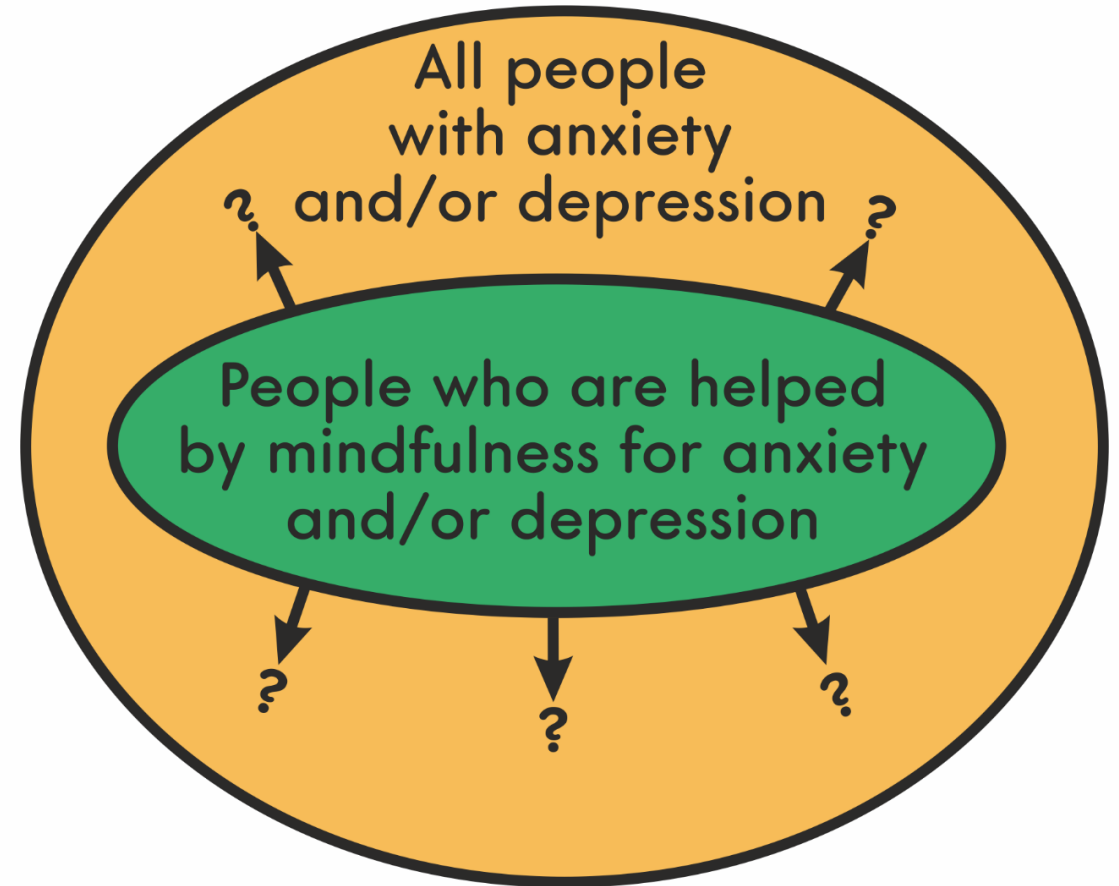
Mindfulness as a Clinical Intervention

- Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT) are the most widespread MBPs and the most researched.
- There are many variants of MBSR & MBCT and other approaches (e.g. Breathworks, Mindfulness in Schools Project) but these have minimal research in comparison.



Unpacking Mindfulness Based Programmes

- There are many personal experiences of how mindfulness helps with anxiety and depression.
- Clinicians also can observe its efficacy in helping with anxiety or depression for some clients.
- Research seeks to investigate these phenomena in general and also to discover whether what is true for some may or may not be true for all.



Mindfulness for Depression Research: First Look

Meta-analyses (where results from many studies are pooled together to show what findings are consistent) are supportive of mindfulness for depression.

These suggest:

- For **current (acute) depression**, when compared to other specific interventions, MBCT is as effective as these other interventions. (Lenz et al, 2016; Goldberg et al, 2019; Metcalf et al, 2019).
- Compared to other specific interventions, MBCT is at least as effective or possibly more effective **preventing relapse** when in remission from depression (what MBCT was designed to do) (Kuyken et al, 2016; Metcalf et al, 2019)
 - The evidence suggests MBCT may be particularly helpful when childhood trauma is an underlying factor.

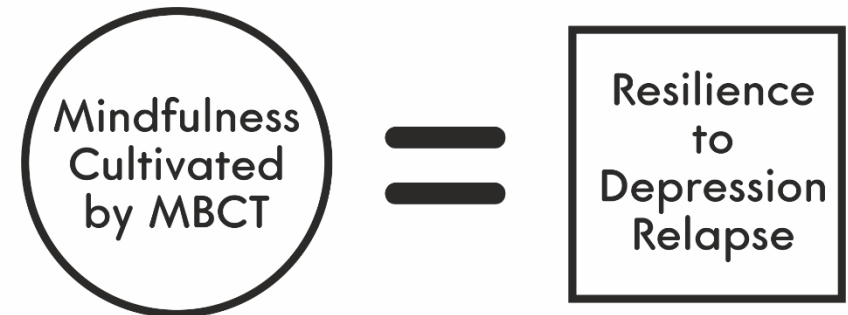
Mindfulness for Anxiety Research: First Look

Meta-analyses are supportive of mindfulness for anxiety. These suggest, mindfulness is comparative to CBT overall (Singh & Gorey, 2018), but:

- Mindfulness may be **more** effective than CBT for managing the distress associated with anxiety (rumination and preoccupation) (deAbreu, 2018).
- Mindfulness may be **less** effective than CBT for managing the fear and panic that results in avoiding anxiety provoking situations (deAbreu, 2018).

Unpacking Mindfulness Based Programmes

- Research suggests MBCT helps people stay in remission from depression.
- This can seem clear cut: learning to be mindful prevents relapse...



Unpacking Mindfulness Based Programmes

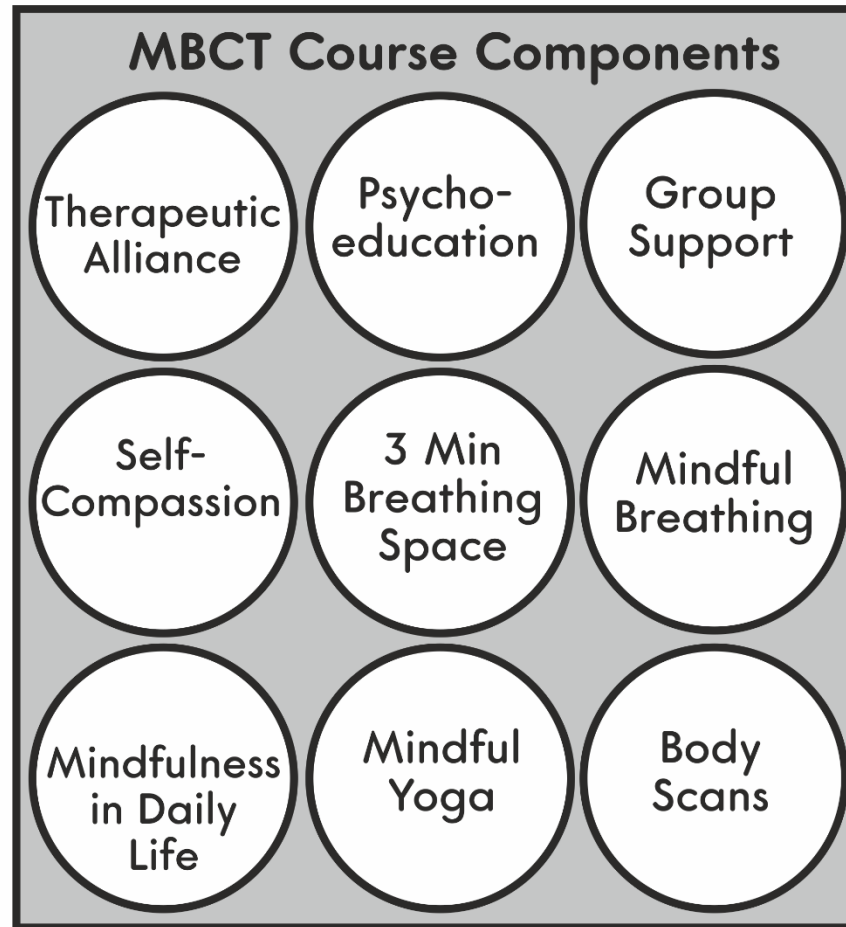
- But an MBCT course comprises many different components.
- How do we know whether it is mindfulness, something else, or a combination that is responsible for the clinical effects?
- Dismantling studies seek to identify the effective components.



Resilience
to
Depression
Relapse

Unpacking Mindfulness Based Programmes

- MBCT was designed for preventing relapse when in remission from depression.
- Why should this programme be helpful for managing panic?



Soothe
& Steady
During
Panic

Research Realities

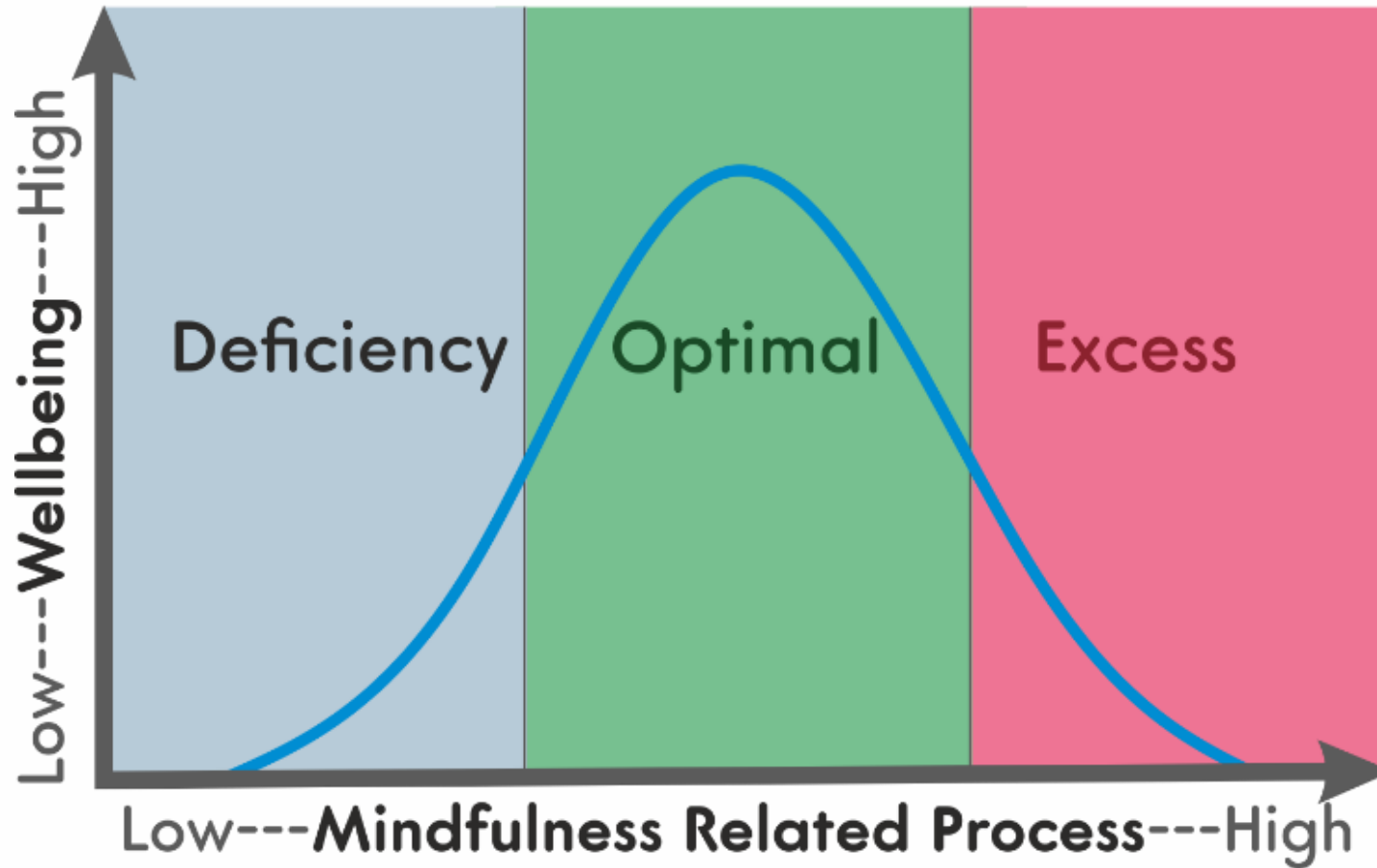
- To research a new mindfulness intervention requires researchers, ethical approval, volunteers, and mindfulness teachers trained to deliver the new intervention (and more).
- This is expensive and mindfulness approaches cannot be patented: so little funding is available compared to the funding for patentable drug treatments.
- The result is MBCT/MBSR based studies dominate published research as there is a relatively large body of trained teachers already available to support research studies.
 - Variants of MBCT and MBSR can be researched with much less retraining than for radically different MBPs.
- The consequence: developing and properly researching new MBPs tailored to different conditions is likely to be a very slow process.

Learning from Trauma Sensitive Mindfulness

- Only recently has qualitative research been undertaken that indicates a significant number of people have distressing experiences associated with learning mindfulness (see research by Willoughby Britton and Leigh Burrows and the work of David Treleaven).
 - Breath and body based practices can be distressing for people with traumatic body based experiences.
 - Long practices may be overwhelming.
 - Longer periods of required daily practice may be at the expense of other, more important, stabilising activities (e.g., sleep, exercise, socialising.)
 - A curriculum-centred focus risks a pace of delivery inappropriate for a specific group.

Too Much of a Good Thing?

(Britton, 2019).



Competing Agendas: Research and Practice

- The further development of MBPs requires a robust evidence base to attract funding and for integration into health services.
- New research based on established, standardised MBPs (esp. MBSR and MBCT) allows for more robust comparative research.
- This risks inertia in the development of new approaches based on more recent learning.
 - MBSR remains largely unchanged since 1979.
 - MBCT has had one relatively minor update since 2002.
- There is a risk of a growing gulf between MBPs as delivered in adapted formats to meet the needs of specific groups and MBPs delivered in a standard format to support clinical research.

Cited References

- Britton, W. B. (2019). Can Mindfulness Be Too Much of a Good Thing? The Value of a Middle Way. *Current opinion in psychology*.
- de Abreu Costa, M., de Oliveira, G. S. D. A., Tatton-Ramos, T., Manfro, G. G., & Salum, G. A. (2018). Anxiety and Stress-Related Disorders and Mindfulness-Based Interventions: a Systematic Review and Multilevel Meta-analysis and Meta-Regression of Multiple Outcomes. *Mindfulness*, 1-10.
- Goldberg, S. B., Tucker, R. P., Greene, P. A., Davidson, R. J., Wampold, B. E., Kearney, D. J., & Simpson, T. L. (2018). Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. *Clinical psychology review*, 59, 52-60.
- Kuyken, W., Warren, F. C., Taylor, R. S., Whalley, B., Crane, C., Bondolfi, G., ... & Segal, Z. (2016). Efficacy of mindfulness-based cognitive therapy in prevention of depressive relapse: an individual patient data meta-analysis from randomized trials. *JAMA psychiatry*, 73(6), 565-574.
- Lenz, A. S., Hall, J., & Bailey Smith, L. (2016). Meta-analysis of group mindfulness-based cognitive therapy for decreasing symptoms of acute depression. *The Journal for Specialists in Group Work*, 41(1), 44-70.
- Metcalf, C., Gold, A., Davis, B., Sylvia, L., & Battle, C. (2019). Mindfulness as an Intervention for Depression. *Psychiatric Annals*, 49(1), 16-20.
- Singh, S., & Gorey, K. (2018). Relative effectiveness of mindfulness and cognitive behavioral interventions for anxiety disorders: Meta-analytic review. *Social Work in Mental Health*, 16(2), 238-251.

Background References

- Burrows, L. (2017). *Safeguarding Mindfulness in Schools and Higher Education: A Holistic and Inclusive Approach*. New York: Routledge.
- Burrows, L., & Burrows, L. (2017). “I feel proud we are moving forward”: safeguarding mindfulness for vulnerable student and teacher wellbeing in a community college. *The Journal of Adult Protection, 19*(1), 33-46.
- Farias, M., & Wikholm, C. (2016). Has the science of mindfulness lost its mind?. *BJPsych Bull, 40*(6), 329-332.
- Farias, M., Wikholm, C., & Delmonte, R. (2016). What is mindfulness-based therapy good for? Evidence, limitations and controversies. *Lancet Psychiatry, 3*(11), 1012-3.
- Lindahl, J. R., Fisher, N. E., Cooper, D. J., Rosen, R. K., & Britton, W. B. (2017). The varieties of contemplative experience: A mixed-methods study of meditation-related challenges in Western Buddhists. *PloS one, 12*(5), e0176239.
- Rosch, E. (2015). The emperor’s clothes: A look behind the Western mindfulness mystique. In *Handbook of mindfulness and self-regulation* (pp. 271-292). New York: Springer.
- Treleaven, D. (2018) *Trauma-Sensitive Mindfulness: Practices for Safe and Transformative Healing*. New York: Guilford.
- Van Dam, N. T., van Vugt, M. K., Vago, D. R., Schmalzl, L., Saron, C. D., Olendzki, A., ... & Fox, K. C. (2018). Mind the hype: A critical evaluation and prescriptive agenda for research on mindfulness and meditation. *Perspectives on Psychological Science, 13*(1), 36-61.

Thank You

This presentation (with references) will be available at
www.integratedmindfulness.com/show

Tim Duerden

Senior Lecturer University of Salford

School of Health & Society

Lead trainer Integrated Mindfulness Ltd. & Mindful Resilience Enhancement