Mindfulness for Anxiety and Depression

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This presentation will be available at
www.integratedmindfulness.com/show
• ‘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…
• 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.
Unpacking Mindfulness Based Programmes

• MBCT was designed for preventing relapse when in remission from depression.

• Why should this programme be helpful for managing 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


Background References


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