

Review: *The Mindful Way Through Depression: Freeing Yourself from Chronic Unhappiness*

The Mindful Way Through Depression: Freeing Yourself from Chronic Unhappiness, by J. Mark G. Williams, John D. Teasdale, Zindel V. Segal, and Jon Kabat-Zinn, Guildford Publications, 2007, 273 pages, ISBN-13: 978-1593851286, UK £12.99.

Reviewed by Dr. Paramabandhu Groves

As a health intervention, mindfulness has enjoyed an explosion of interest in the UK over the last few years. In the 1970s, Jon Kabat-Zinn set up the Stress Reduction Clinic in Massachusetts and pioneered the use of mindfulness meditation for people in chronic pain, as well as those suffering from stress and anxiety. He focused on people whose pain could not be further alleviated using orthodox medicine, and his studies showed that they benefited from the eight-week, mindfulness-based stress reduction (MBSR) course. One study showed that four years later people were still benefiting from the course. MBSR came to be taught widely within the United States, no doubt aided by the popularity of Kabat-Zinn's book *Full Catastrophe Living*, which explains MBSR in an easily digestible form.¹

In the 1990s, three clinical scientists, Segal, Williams, and Teasdale, came together to develop a maintenance form of cognitive therapy that would help people remain well after they had suffered from depression. Depression is a widespread disorder with a high relapse rate – up to an 80% recurrence after two episodes. While cognitive therapy has been shown to be effective in treating depression, there are insufficient numbers of trained therapists to meet the level of need. Antidepressants are also sometimes effective, but people tend to relapse once they stop taking them. Ideally, a maintenance form of cognitive therapy would be delivered in a group format, require fewer sessions than standard cognitive therapy, and help people to stay well regardless of whether their initial treatment was psychological or pharmaceutical.

Segal *et al* became interested in Jon Kabat-Zinn's work. Initially, they envisaged incorporating some mindfulness techniques into a cognitive therapy approach, but ended up with a predominantly mindfulness-oriented meditation course, incorporating

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some elements of cognitive therapy. Their major study showed that this approach, known as Mindfulness-Based Cognitive Therapy (MBCT), was effective in *halving* the relapse rate in people who had experienced more than two episodes of depression (and so are at the greatest risk of relapse). They described the evolution and structure of the course in their seminal book, *Mindfulness-Based Cognitive Therapy for Depression*.² MBCT has now been included in the National Institute of Clinical Excellence (NICE) guidelines for treatment of recurrent depression and has spawned widespread interest in mindfulness approaches in the UK.

While Segal *et al*'s book on MBCT is clear and accessible, it was written for clinicians who might teach MBCT. What was obviously called for was a version for people who suffer from depression. The original authors joined forces with Kabat-Zinn to produce *The Mindful Way through Depression* (MWD), which serves this purpose well. The book is divided into four sections. The first gives a clear account of depression, how it is perpetuated, and how mindfulness can help to break the cycle. Part two introduces mindfulness practices, especially those focusing on the breath. There is an emphasis on the acceptance of mental distractions – or ‘mind waves’ as they are referred to – as natural and inevitable. Moreover, distractions are presented as ideal learning opportunities; when one is caught up in something, one can learn how to disengage, and so become more familiar with the experience of not being caught up. This section also teaches how mindfulness can offer an alternative to unhelpful rumination, which plays a key part in exacerbating depression.

Part three focuses on feelings, emotions, thoughts, and on practising mindfulness in everyday life. I found the description of awareness of feelings – in the sense of *vedanā* – as an internal barometer to be a useful metaphor. Awareness of feelings is part of the course in the original MBCT book, but is not so well explained there. *Vedanā* can be difficult to separate from the emotional responses that usually follow on from it. In MWD, the authors describe how initially there may be just a sense of a ‘fused whole’ that in time may be teased apart to reveal feelings and related emotional reactions. The book also gives a fuller description of ways of working with difficult emotions. I found the emphasis on such emotions being already present helpful, because this may help patients to face up to what is happening, rather than engage in fruitless longing for things to be different. Kabat-Zinn’s early work showed that

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people benefited from MBSR best if they continued to use mindfulness practices, not just sitting meditation but informal methods too. One such practice is the ‘breathing space’ – a very brief mindfulness meditation that can be done at any time. Helpfully, MWD gives a full chapter to this. The final section of the book brings the different elements together and describes the eight-week course. There is also a CD of meditation exercises guided by Kabat-Zinn.

Some Buddhists may feel concerned that aspects of the teachings are being taken out of context, since this may misrepresent or limit the full breadth of the Dharma. There is also a debate about the use of the term mindfulness. Following the contemporary Vipassana tradition, this book defines mindfulness as a particular type of awareness which incorporates attention to purpose, and to the present moment, and the adoption of a non-judgemental attitude to things as they are. This contrasts with a view of mindfulness in the Indo-Tibetan tradition which is more concerned with concentration, removing distractions, and discriminating between wholesome and unwholesome mental states. The importance of this debate for Buddhist practitioners is not so much in the definitions as the underlying issue of what is needed for irreversible liberative insight (for a fuller discussion see, for example, Wallace³). However, for alleviation from depression this debate may not matter.

Teaching MBCT at an urban centre, I have found that the course helps many people, regardless of their religious background (or lack of it), while for a few it can become a gateway into a deeper engagement with Buddhism. This book will help both teachers and people undertaking the course. Attending a course is certainly preferable to learning meditation from a book and CD, but for those who don’t have this option this book is a very helpful alternative.

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- ¹ Kabat-Zinn, Jon. 1990. *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*, Delta.
- ² Segal, Zindel, Williams, Mark, and Teasdale, John. 2002. *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*, Guilford Press.
- ³ Wallace, B. Alan. 2006. *The Attention Revolution*, Wisdom Publications.