

Effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) in Preventing Depression Symptoms

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Abstract

Mindfulness-Based Cognitive Therapy (MBCT) is quickly gaining more popularity in the treatment of various disorders including depression. Mindfulness-Based Cognitive Therapy (MBCT) combines mindfulness meditation and cognitive techniques to alleviate depression, enhance well-being, and prevent relapse in individuals with recurrent episodes. This integrative approach fosters emotional regulation, positive mood, and potential spiritual experiences. This systematic review focused on investigating existing research on MBCT and depression. To explore the effectiveness of MBCT and its mechanisms of action that help in breaking the negative thought patterns developed in people when dealing with major depression. This study identified the large number of studies that recommend MBCT as an effective psychological intervention to reduce depression and anxiety symptoms in clinical and non-clinical populations and have also demonstrated preventing the recurrence of depression.

Keywords: Depression, depressive relapse, mindfulness, mindfulness-based cognitive therapy, cognitive behavior therapy, mindfulness meditation, mindfulness breathing

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Depression is the world's number one cause of disease and disability (Bernaras et al., 2019). Baldessarini et al. (2020) highlighted that depression is linked not only to increased morbidity but also mortality from co-occurring general medical conditions and a heightened risk of suicide. Depression has been called the common cold of psychopathology, with some life-threatening and physical aspects that can significantly affect family life; it is one of the most incessant and grave health predicaments (Gilbert, 2017; Ijaz et al., 2018).

Undetected and unresolved depression is a growing concern in medical settings that has led to two to three times more people suffering from depressive symptoms and relapse (Jha et al., 2019; Baldessarini et al., 2020). For the treatment of depression, there are pharmacological choices, psychological therapy and other therapeutic methods. Counseling, drug use, or both are often regarded as first-line therapy, with other alternatives being used as adjuvant therapy. Antidepressant consumption can be based on depression seriousness, psychotherapy accessibility and affordability, and patient wishes. Selective serotonin reuptake inhibitors (SSRIs) are regarded as the first-line option among the pharmacological alternatives (Troutman & Momany, 2012; Scarff, 2019). Frieder and colleagues (2019) assert that while seeking antidepressant medication, people with depression are likely to experience mild to moderate level of side effects such as, manic episodes, constipation, hypomanic incident, dizziness, somnolence, impaired memory, and many find psychotherapies more appropriate than pharmacotherapies. (Frieder et al., 2019; Molyneaux et al., 2018; Stewart & Vigod, 2019).

Mindfulness Based Cognitive Therapy

Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT) has been is widely regarded as one of the most effective and extensively researched methods of treatment

for stress, and mood-related disorders (Stewart & Vigod, 2019). However, a meditation approach called, Mindfulness-Based Cognitive Therapy (MBCT) is rapidly gaining popularity as an effective approach in the field of mental health and well-being. Its evidence-based success in helping individuals with recurrent depression and preventing relapse has contributed to its growing recognition and adoption by mental health professionals and individuals seeking effective therapeutic methods. As more research continues to support its benefits and people experience positive outcomes, the popularity of MBCT is likely to keep increasing in the coming years. in the treatment of various disorders including depression. It is anew technique that blends mindfulness meditation and cognitive therapy techniques to lessen depression, and improve one's well-being, emotional regulation, positive mood, and spiritual experience particularly in individuals with recurrent episodes (Tickell et al., 2019; Wielgosz et al., 2019; Mackenzie et al.,2018). MBCT is an approach to psychotherapy, a temperament of mind, and the state of mindfulness that can be achieved through meditation practice (Greeson et al., 2015; Strauss et al., 2014; Bieling et al., 2012; Miklowitz et al., 2015).

Shapero (2018) described that MBIs were introduced in Western interventions in the late 20th century to treat physical and mental disorders. The first intervention, Mindfulness-Based StressReduction (MBSR) and the second intervention, MBCT was introduced as a prevention of relapse for people with chronic depression and was also proved effective in dealing with anxiety, stress,irritability and fatigue (Shapero et al., 2018; Frostadottir and Dorjee, 2019).

This study has projected MBCT as a more effective treatment than conventional treatments for those suffering from chronic depression, and because it does not leave the side effects associated with pharmacologic interventions, MBCT has a substantial relapse prevention

effect (Lu, 2015). When used as an intervention technique, it may provide mental healthcare providers with an alternative approach for symptom management.

Methods

A systematic review approach was used for this research study to incorporate results from the summary of recent studies in qualitative, quantitative, and mixed approaches to answer the research questions. The purpose of this review was to examine existing researches that prove mindfulness based cognitive therapy as an effective intervention to help in breaking the negative thought patterns and prevent the relapse/recurrence of the symptoms developed people dealing with depression. Additionally, the MBCT approach has helped people to learn about the different patterns of their minds to aid in reducing the escalation of negative thinking that might compound pain or depressed mood, and could help them to manage the tendency to be on autopilot (Hughes et al., 2009). Using the literature review, a theoretical research approach seemed more suitable for grasping the larger image of how MBCT functions for those with previous history of depression.

The selection process of the studies in this research project included the location, collection, screening, processing, and study of articles from a range of peer-reviewed scholarly publications from past 10 years and was listed in the data collection below. The study also contains data gathered from previous studies to find a correlation between MBCT intervention and improvements in psychological distress, anxiety and depressive episodes. Also, few studies were included participants (both men and women) who reported repetitive negative thoughts, depressive relapse/recurrence, MDD and how MBCT as an evidence-based treatment could mediate the effects of depression relapse/recurrence among them (Frances, 2020; Kuyken,

2016).

In this systematic review, the following procedure was used to perform a literature review: selection of studies for analysis, data collection, and analysis of data. (1) In order to find suitable articles for the literature review of this research project, electronic databases for academic peer-reviewed journals and papers were searched. ProQuest Psychology, EBSCOhost (PsycARTICLES and Psychology and Behavioral Sciences Collection), NCBI, SAGE Open and Google Scholar are the majority of publications from the following electronic databases. In a general literature search, some research papers were found using Google, as well as from the articles and book reference sections contained in the literature review. The search criteria contained the following keywords and keyword combinations: *Depression, Depressive Relapse, Mindfulness, Mindfulness-Based Interventions (MBIs), Mindfulness-Based Cognitive Therapy (MBCT), Cognitive Behavior Therapy (CBT), Mindfulness Meditation, Mindfulness Breathing* (2) After the selection of studies, inclusion-exclusion criteria were developed to review/analyze them. Inclusion criteria: Studies only from 2012 to 2022 have been included; Participants' age range was 20-50 years (both men and women); People experienced major depressive disorder, and have a history of depression relapse; Studies elaborated MBCT & its benefits; Studies that support the fact that MBCT mediate the effects of depression relapse/recurrence. Exclusion criteria: Studies older than ten years were excluded from the research; Articles which are not peer-reviewed studies, studies which did not answer any research questions and not focused on depression-related issues, studies which only focused on pharmacological treatment for depression, studies which did not focus on MBCT as depression prevention intervention (3) Studies were grouped according to the following criteria: Depression and depressive relapse, Mindfulness and MBIs, MBCT and its mechanism of action, MBCT and depression. (4)

Theoretical and empirical research findings using depression populations were gathered to develop the theoretical base of this study regarding MBCT to prevent depression relapse.

The studies were analyzed using the PRISMA-P checklist (Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols). It was intended to guide the development of protocols of systematic reviews and meta-analyses evaluating the therapeutic efficacy of MBCT, and was created to improve the transparency, accuracy, completeness, and frequency of documented systematic review protocols—PRISMA-P 2015 (Shamseer et al., 2015). PRISMA-P consists of 12 individual item checklists split into the following parts, which were used: Identification (2 items), Screening (4 items), Eligibility (2 items), and Included (4 items). The PRISMA flow diagram illustrates the procedure used for the accumulation and analysis of data (Moher et al., 2015).

The goal of the data analysis process was to discern basic knowledge and insights about mindfulness interventions and examine the mechanism of MBCT. MBCT practice interrupts the automatic processes that often trigger depression. Overall, this research was an attempt to provide necessary tools to combat depressive symptoms as they arise by exploring the skills that reduce the adverse effects of current depression, preventing depressive relapse, reducing stress, and improving emotional control during and after depressive episodes.

Results

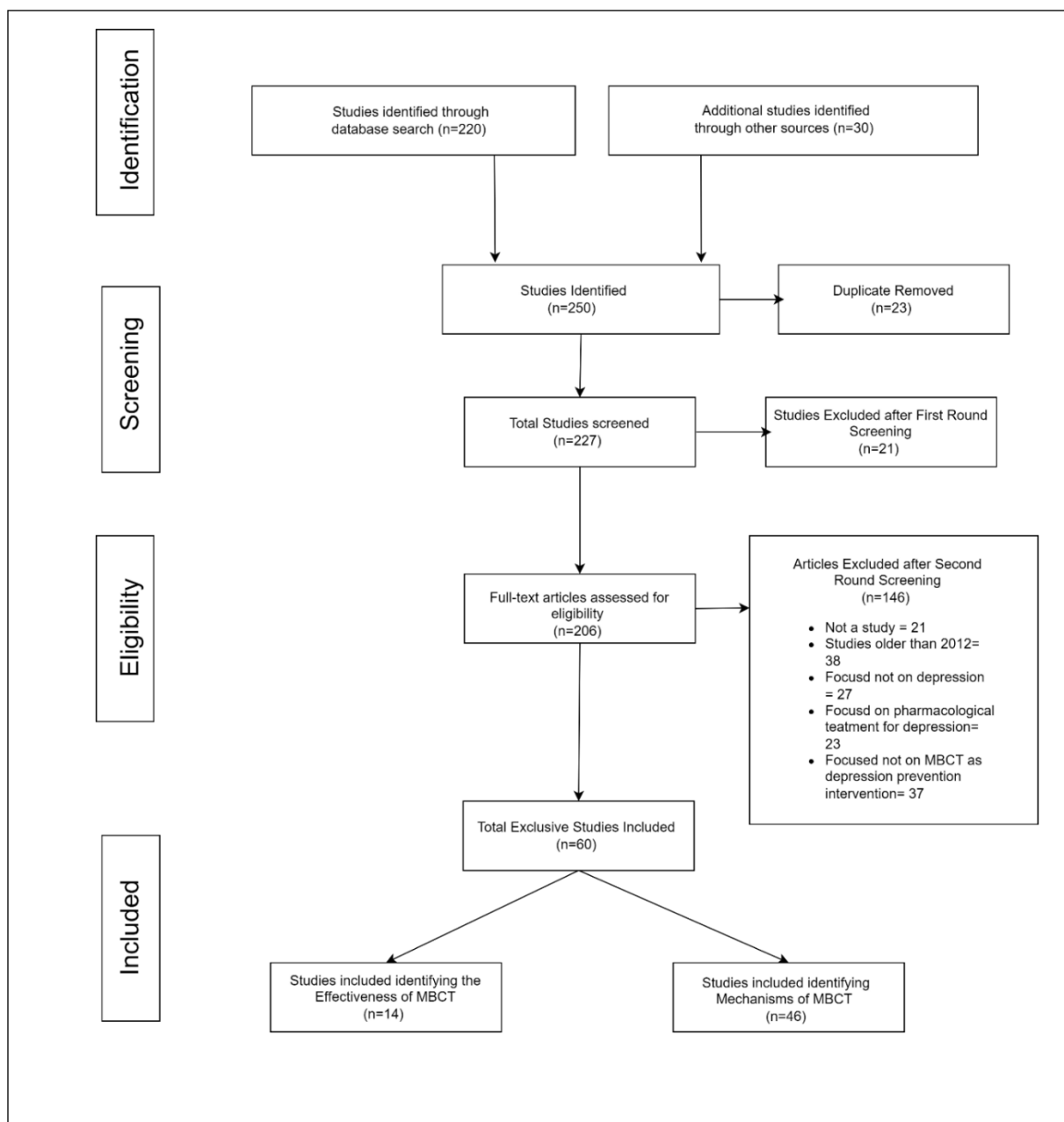


Figure 1. Preferred Reporting Items for Systematic Reviews and PRISMA flow diagram. Systematic identification of studies that explored the efficacy and mechanisms of MBCT intervention in preventing the depression recurrence/relapse among people with depression history and high-risk of depression relapse.

Effectiveness of MBCT

The central components of MBCT outcomes in terms of depression are mindfulness meditation and mindfulness breathing. Cultivation of a detached, decentered relationship to depression-related thoughts is central in providing individuals with skills to prevent the escalation of negative thinking patterns at times of potential relapse/recurrence (Segal & Walsh, 2016).

Mindfulness Meditation

Of 14 studies, 9 studies described significant positive changes from mindfulness meditation such as: slowing down rushing thoughts, letting go of negativity, and relaxing the mind and body (Bojic & Becerra, 2017; Luberto, Park & Goodman, 2017; Eisendrath et al., 2016). Two studies reported potential changes in the brain when meditating daily for 15 to 30 minutes and decreased depression, improved one's well-being, emotional regulation, positive mood, spiritual experience and lower risk of depression recurrence (Tickell et al., 2019; Rinpoche, 2017; Crane et al., 2014; Sacristan-Martin et al., 2019; Segal & Walsh, 2016; Tomfohr- Madsen, 2016).

Mindfulness Breathing

Of 14 studies, 5 articles described the effectiveness of mindfulness breathing to reduce anxiety and reduce the risk of depression relapse/recurrence. Two studies correlated the benefits 'Mindfulness Breathing' to achieve positive effect on the entire physical and mental health. Three studies described that focusing on the breath displayed the ability to achieve propensity of the mind, developing consciousness, the strength of alertness and responsive awareness (Wang et al., 2022; Loustaunau, 2018; Elices et al., 2022; Machmutow et al., 2019; Lubbers et al., 2022).

Mechanisms of action in MBCT

Mindfulness, rumination, awareness/meta-awareness, cognitive reactivity, and self-compassion have emerged as important five mechanisms of action in MBCT. These mechanisms promoted its effectiveness for the management of chronic recurrent depression (Mackenzie et al., 2018).

Mindfulness

Of the 46 studies, 16 studies considered MBCT as the second-generation practice that incorporates meditation and strategies of cognitive therapy to alleviate stress, enhance one's well-being, emotional control, healthy mood and spiritual experience, particularly in people with recurrent depression episodes (Tickell et al., 2019; Singh et al., 2014; Crane et al., 2017).

Six studies addressed that MBCT is centred around MBIs or the mindfulness that develops when giving attention to intention while in the moment, and allowing the experience to exist without judgment (Lever et al., 2016; Parsons and colleagues, 2017; Strauss et al., 2014; Alsubaie et al., 2017; Greeson et al., 2015; Strauss et al., 2014).

Seven studies addressed that MBCT incorporates mindfulness techniques with CBT and was mainly introduced as prevention of relapse for people with chronic depression, along with psychological issues including anxiety, panic attacks and depression (Mackenzie et al., 2018; Frostadottir and Dorjee, 2019; Eisendrath et al., 2016; Sipe & Eisendrath, 2012; Lu, 2015; Shapero et al., 2018; Stamou et al., 2018; Sacristan-Martin et al., 2019).

Rumination

Of 46 studies, 3 studies focused on the critical role of mindfulness in reducing rumination and repetitive negative thinking (Jacob et al., 2020; DeJong et al., 2016; Sipe et al.,

2012). The evidences reported by four studies found MBCT practice may interrupt the cycle of rumination about past regrets or future fears, and enhance self-compassion that is an important factor behind recurring depressive symptoms (Dadi et al.,2020; DeJong et al., 2016; Molenaar et al., 2019; Florio et al., 2018).

Three studies demonstrated that MBCT's 8 weeks of group training for the MDD population exhibited a positive impact on the capacity to disengage from rumination which decreases the depression recurrence risk (Kocovski & MacKenzie, 2016; Eisendrath et al., 2016; Segal & Walsh, 2016).

Awareness/Meta-Awareness

Of 46 studies, 3 explored that MBCT increases metacognitive understanding by being a mode that focuses on understanding and accepting what is in the present moment (Sipe et al., 2012). Training in meta-awareness in mindfulness helps people to regulate their unpleasant emotions, such as feelings of shame and worthlessness (Sheydaei et al., 2017; Lu, 2015).

Cognitive and Emotional Reactivity

Of 46 studies, 8 articles reported dysfunctional cognitive attitudes are particularly responsible for depressive relapse/recurrence (Cladder-Micus et al., 2017; MacKenzie et al., 2018). The mechanism of MBCT works on the idea of cognitive susceptibility (MacKenzie & Kocovski, 2016; Cladder-Micus et al., 2017; Ehde, Alschuler & Day, 2019; DeJong, Fox & Stein, 2000). Two studies reported the therapeutic stance of MBCT is characterized by boosting metacognitive perception by motivating participants to follow a state of being (Cladder-Micus et al., 2017; Ehde, Alschuler & Day, 2019; Sipe & Eisendrath, 2012). These studies described 'mental flexibility', harmony between affective states, cognitive processes,

and metacognitive ability to mediate the effect of worry on depressive symptoms (Dhillon et al., 2017).

Self-Compassion

Of 46 studies, 8 articles explored Self-compassion that activate an affect-regulation system (White, 2014; Cladder-Micus et al., 2018; Gu et al., 2015; Hölzel et al., 2011; Shapiro et al., 2005). Increased acceptance, self-compassion, and awareness have been found positively correlated with the improvements in cortical regulation of limbic circuits, responsible for mood disorders such as bipolar disorder, including recurrent depressive disorder (Sipe et al., 2012; Potharst et al., 2017; Badker & Misri, 2017).

Discussion

This study explored the benefits of MBCT intervention as the most appropriate MBIs, clinically effective, and nonpharmacologic approach to prevent the relapse/recurrence of depression symptoms in people with a high risk of developing depression relapse and promoting their physical and mental well-being. The main objectives of the MBCT fall within three broad categories: the cultivation of mindfulness, the development of a positive, healthy attitudinal framework and the development of skills to deal with difficult moods (Tomfohr-Madsen, 2016). Prevention of depression recurrence, detachment from negative thought patterns, emotional regulation and mitigating anxiety were identified as major benefits of MBCT psychotherapy in the depression population (Sheydaei et al., 2017; Williams, 2014; Huijbers et al., 2016; Stamou et al., 2018). Additionally, the MBCT approach helped participants to reduce the symptoms of mood disorders (Tomfohr-Madsen, 2016; Lu, 2015) and achieve higher levels of self-efficacy, and self-compassion (Badker & Misri, 2017; Dunn

et al., 2012).

A major decrease in repetitive episodes of depressive symptoms has been supported by the literature evidence, especially among people with an MDD history with high levels of medication (Miklowitz et al., 2015; Lu, 2015).

Five predominant MBCT mechanisms of change were explored in this study: mindfulness, rumination, awareness, cognitive and emotional reactivity, and self-compassion. Results described 'Mindfulness' resulted in the prevention of relapse in chronic depression, reduced panic attacks, decreased stress, enhanced one's well-being, emotional control, healthier mood and spiritual experience in people with a depression history (Tickell et al., 2019; Singh et al., 2014; Mackenzie et al., 2018; Frostadottir and Dorjee, 2019; Eisendrath et al., 2016; Sipe & Eisendrath, 2012; Lu, 2015; Shapero et al., 2018; Stamou et al., 2018; Gu al., 2015). Few researchers found rumination and repetitive negative thinking decreased with regular practice of MBCT (Jacob et al., 2020; DeJong et al., 2016; Sipe et al., 2012), including rumination that diminishes the risk of further episodes of depression (Jacob et al., 2020). Metacognitive skills, a compassionate way to observe feelings & thoughts, manage stressful situations, psychological well-being, focused attention, and bodily sensations and therefore disengage from, dysfunctional automatic behaviours such as depressive rumination, cognitive reactivity and 'mental flexibility' have been found as major benefits of mindfulness training (Cladder-Micus et al., 2017; Ehde, Alschuler & Day, 2019; Sipe & Eisendrath, 2012; Dhillon et al., 2017; MacKenzie & Kocovski, 2016; Cladder-Micus et al., 2017; Ehde, Alschuler & Day, 2019; Eltelt and Mostafa, 2019; Sheydaei et al., 2017). Finally, few studies explored the positive results of self-compassion, which activates an affect-regulation system, acceptance towards life experiences, being warm and understanding toward self at the time of failure and avoiding self-

criticism (White, 2014; Cladder-Micus et al., 2018; Gu et al., 2015; Hölzel et al., 2011; Shapiro et al., 2005).

Conclusion

The goal of this research was to bring together many important aspects of MBCT and explain how they can be useful for depression relapse prevention among people with a previous history of depression or those experiencing it currently. The evidence presented in this systematic review suggested that the result of practising MBCT appeared to be the most appropriate and efficacious non-pharmacologic therapeutic treatment approach for depression. Studies have addressed five important mechanisms of action associated with MBCT practice. Mindfulness, rumination, awareness/meta-awareness, cognitive reactivity, and self-compassion. These mechanisms of MBCT promoted its effectiveness for the management of chronic recurrent depression, to alleviate stress, to enhance one's well-being, emotional control, optimistic mood, and spiritual awareness, especially in people with chronic episodes. It is hoped that this study will be helpful in guiding and encouraging both the professionals and the researchers to explore more potentials of this mindfulness-based approach for preventing the relapse of depression and other mood disorders, reducing the depression occurrence in society and avoid triggers.

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