

De-clutter your mind

Mindfulness is a new, mysticism-free meditation technique that Americans are using to chase away the stresses of daily life. And experts believe it can also help us beat depression - for good. Jane Feinmann reports

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It's 7am in my kitchen and a gentle, cultured voice is inviting me to focus on the here and now and on each breath as it goes in and out of my nostrils. I'm not to worry if my mind wanders, whether it's to the past, to current worries, to future planning, even to fantasies and day dreams. Each time I become aware of this wandering, I'm simply to note where my mind has gone before bringing it back to focus entirely on this particular breath as I inhale and exhale at this particular moment.

To users of yoga or meditation, the words on my CD may be familiar, the kind of exercise that people like me use to de-stress every day of the week. What may surprise, however, is that the guided meditation is delivered not by a bearded guru, but by one of the country's leading psychologists. As such, it's a new kind of therapy that is taking America by storm, helping a variety of groups, from over-stretched business executives to criminals and drug addicts to find a permanent way of dealing with the stresses and strains of everyday life. Perhaps more surprisingly, it has also just been recommended by the National Institute of Clinical Excellence (NICE) as "a significantly effective" way of preventing the recurrence of depression.

NICE is not suggesting that the NHS should fund Oriental religious experiences, the search for special mantras, nor, indeed, exotic sects that insist on chastity, promiscuity or the wearing of saffron robes. Even the lotus position is optional. Mindfulness meditation has its roots in ancient Buddhist traditions, but is entirely stripped of mystical elements.

Instead of seeking nirvana or even trying to relax, the modest aim of the 40-minute daily act of meditation is to become aware of thoughts and bodily sensations as though they were traffic passing an open window or leaves floating down a stream. "It is remarkable how liberating it feels to be able to see that your thoughts are just thoughts and that they are not 'you' or 'reality'," says Jon Kabat-Zinn, a Sixties meditation enthusiast turned professor in mind-body medicine who first introduced mindfulness as a stress treatment 25 years ago.

In the past 15 years, mindfulness has become a mainstay of psychological treatment in the US. *Full Catastrophe Living*, published by Kabat-Zinn in 1990, became a best-seller. More than 200 clinics based on his original Stress Reduction Clinic at the University of Massachusetts Medical Center have been set up across the US, with more than 15,000 people completing the eight-week meditation course that includes weekly classes and daily home-based practice.

Studies have shown the benefits of mindfulness in tackling a range of difficult-to-treat health problems, including chronic pain, psoriasis and binge-eating - with the phenomenon leading to a recent cover story in *Newsweek*, straplined "The New Science of Mind & Body".

The most impressive and strictly scientific research, on which the NICE guideline is based, was a British study - a randomised controlled trial that followed 145 people with a history of at least two episodes of major depression over a period of 60 weeks. During the trial, half the group received eight weeks of Mindfulness Based Cognitive Therapy (meditation training along with education into the nature of depression).

The study was carried out by a group of psychologists, who since the early 1990s have been searching for ways of preventing recurrent depression. This followed research showing that antidepressants, far from curing depression, simply suppress symptoms. The brain frequently improves upon its capacity to react to small changes in mood with large changes in negative thinking, with the risk of relapse increasing with each new bout of the blues.

As NICE points out, antidepressants coupled with cognitive therapy are highly effective at treating acute depression. But long-term preventative treatment with either medication or psychotherapy is both

unrealistic and probably unwelcome. This is where evidence-based meditation comes in, with the emphasis on the evidence. At the end of 60 weeks, just over a third of those who were taught meditation had suffered depression, compared to two-thirds of the control group. Significant indeed.

While the study has the scientific validity of a pharmaceutical trial, there are significant differences between taking a pill and mindfulness. For a start, the claims for mindfulness would not appear on the packaging of an antidepressant. In his latest book, *Coming to Our Senses*, Kabat-Zinn describes it as: "A love affair with what is most fundamental in life, with what is so, with what we might call truth, which for me includes beauty, the unknown and the possible, how things actually are in this very moment." The payoff of that potential, however, is that it is hard work. "[It's] not for the faint-hearted," he warns.

Mark Williams, a professor of psychology at Oxford University and lead researcher on the recurrent depression trial, discovered the truth of that statement back in 1992 when he and colleagues visited the UMass Medical Center. "At the time we were looking for ways of preventing recurrent depression, and mindfulness seemed to be a technique that we could incorporate into a cognitive behavioural programme as an extra problem-solving skill," he recalls. The teachers there were ultra-cautious. Mindfulness, they explained, is a state of being rather than a therapeutic technique. "It will be neither effective nor possible to recommend that others meditate without having an ongoing meditation practice oneself," Kabat-Zinn explained.

This insistence on the need for practitioners to learn meditation came as a shock to Williams - and remained so in the weeks and months that he battled to maintain a 40-minute a day meditating habit. "It was a huge struggle, partly because of the time. I also found it hard to expose my ignorance, especially in something that I was supposed to be teaching to patients." An unlooked-for bonus, however, was that by facing this challenge he developed a new kind of empathy with patients. "Practitioners who train in mindfulness stop being 'us and them' - we're just all in the same boat," he says.

A further problem was "abandoning conceptual systems of problem-solving", something he now recognises as a helpful but over-used cognitive skill. A breakthrough, he recalls, was realising that the practice wasn't supposed to be enjoyable, nor even relaxing. "Just doing it, keeping up the practice for 40 minutes, was all I had to do. That feeling was common among those who completed the eight-week training programme - emerging from a period of struggle to a new sense of freedom. People find they can liberate themselves from old habits and see their thoughts from a new perspective. That's something many people are still waiting for after years of analytical psychotherapy."

My own experience of mindfulness began with a day retreat at Oxford. As someone who has repeatedly failed at meditation, I passed a first difficult hurdle when my teacher advised me to be curious about the agonising pain that developed in my left shoulder and to observe without judgement the horror I experienced at the prospect of sitting still for another whole hour.

Since then, supported by the CDs and inspired by Kabat-Zinn's intelligent and passionate writing, I've managed to spend at least a few minutes mindfully every day - "and that's quite enough to get started", says Williams. And it's true. Just this few minutes has given me a sense of the futility of ruminating endlessly over work, money, friends, family and the state of the economy. This type of fretting simply gives a false sense of being in control. Results of laboratory tests show that mentally gnawing over problems actually results in more persistent and intense sadness.

Far better for me to spend that time focusing on my breath, investigating the sensations in my shins or examining the sounds of passing traffic or the taste of an almond (all recommended mindfulness exercises) - thereby fostering what Williams calls "a decentred relationship to mental contents". As a result, I'm getting a glimpse of spaciousness in my mind, a feeling that I can be my own spin doctor, engaging with the "full catastrophe", but persistently promoting the positive perspective. Who wouldn't want a piece of that?