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An Analysis of Mindfulness-Based Cognitive Therapy as an Effective Adjuvant in Depression Treatment

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Abstract: A large number of studies have demonstrated the effectiveness of mindfulness-based cognitive therapy (MBCT) in the adjuvant treatment of depression, and the significant effect of MBCT in inhibiting the recurrence of depression, most of these studies are randomized controlled trials. These studies compared a group of MBCT combined with conventional treatment and conventional treatment to ensure the accuracy of the experimental results. We can see that in the adjuvant treatment of patients with MBCT, those who are more receptive and open-minded to this therapy are more likely to benefit from it. Even if the patient does not accept it initially, changes in the patient's attitude during treatment can allow the treatment to work. If we can guide patients in this way, The treatment of MBCT may achieve a better effect, and further research in the future may enable RCT to play a role alone in the treatment of patients with depression, enabling RCT to replace drug treatment.

Keywords: MBCT, TAU, Depression, adjuvant therapy.

1. Introduction

Depression is a persistent mental ailment that has long been a scourge afflicting humanity. It is a complex psychosomatic condition that arises due to an intricate interplay of various factors, and it is predominantly marked by a pervasive and persistent state of low mood. Over the course of the past decade, scholarly inquiries into depression have been largely centered on uncovering its neurobiological underpinnings and exploring the disparities that arise due to gender differences. Among the studies that have been conducted, several have provided research data demonstrating the therapeutic effects of psychotherapy on depression.

Although a large number of articles have investigated the use of psychotherapy in the treatment of depression, the obvious weakness of this literature is the lack of detailed analysis of individual patients." The literature tends to involve experiments with different populations, or with different ages and genders, and studies have experimented with psychotherapy for specific occupations. However, most of these articles did not study the unique experiences of individual patients with depression in the treatment process and individual differences. To explore this point, this paper attempts to synthesize some of the existing studies and find the variables in them that are relevant to individuals, such as data collected by some studies and feedback from some patients. We hope that through these, we can understand in detail the impact of depression on each patient and how patients are affected by this treatment, so as to find a better way to use this treatment.

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2. Impact of major depressive disorder

Major depressive disorder (MDD) is a chronic, severe emotional and cognitive disorder that disrupts the normal life of an individual. The disorder causes persistent sad emotions, and the patient can lose interest in daily activities and become numb to some experiences in life. Not only do patients suffer from these emotional distress, MDD also causes patients to have some somatization reactions, resulting in decreased physical function and cognitive impairment, such as sleep disorders, appetite changes, and a deep sense of inferiority. These clearly cause distress to depressed patients [1].

According to data released by the World Health Organization (WHO) in 2020, depression has become a global health crisis, affecting the quality of life of more than 264 million people and becoming one of the leading causes of disability [2]. Depression is painful, which leads patients with depression to turn to drug cognitive enhancers (PCES) to improve their memory, attention and cognitive ability, so as to restore normal social function to a certain extent. However, the use of drugs is risky, and unreasonable use will lead to drug dependence, making patients fall into another dilemma [3]. Therefore, we hope to find ways to supplement or even replace drug treatment to improve the quality of life of patients with depression. This requires us to understand the etiology and mechanism of depression in detail and find more promising treatment methods. The current nonpharmacologic intervention we are looking for is cognitive behavioral therapy, which can provide patients with a milder and longer course of treatment. This kind of psychological treatment for patients may reduce their dependence on drugs and help them regain the joy of life and realize their self-worth.

3. MBCT

Mindfulness-based cognitive therapy (MBCT) is an innovative psychotherapy that combines mindfulness meditation with modern cognitive behavioral therapy (CBT). This comprehensive psychological treatment model can help patients more deeply understand and effectively control their thoughts and emotions, and achieve the effect of reducing the patient's mental pain.

MBCT was developed in the early 1990s by Professor John Teasdale at the University of Cambridge, Professor Mark Williams at the University of Oxford and Professor Zindel Segal at the University of Toronto. This treatment is designed to treat patients with depression, to reduce the recurrence rate of depression. MBCT also integrates concepts related to mindfulness-based stress reduction (MBSR) and cognitive behavioral therapy (CBT). MBCT is a treatment program developed to target the psychological mechanisms that can lead to the recurrence of depression, which also illustrates the safety and effectiveness of MBCT.

During the course of MBCT, through a series of mindfulness exercises, participants learn to feel and accept their inner feelings, such exercises are designed to develop a non-judgmental, fully accepting attitude that helps individuals make peace with their inner world. Meanwhile, the cognitive reorganization technique instructs participants to identify and adjust negative thought patterns that may lead to negative emotions, so as to learn to cope with life stress and challenges in a healthier and more positive way.

MBCT is often conducted in a group format, in which participants are not only able to gain personal growth from professional guidance but also practice mindfulness techniques in a mutually supportive environment of learning and practice [1].

Some research has shown that MBCT is not only effective in preventing relapse but also in reducing symptoms in currently depressed patients [4]. It proved that MBCT was effective. We wanted to see how MBCT could work better.

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4. The meaning of the research

At present, the research on mindfulness-based cognitive therapy (MBCT) in the field of depression treatment mainly focuses on two aspects: one is its effect as an adjuvant treatment, and the other is the effective inhibition of MBCT on the recurrence rate during the follow-up period after the patient is cured. However, there is no study on how to make MBCT play a better effect in the treatment process, and there is also a lack of experimental exploration for the MBCT treatment process. To fill this research gap, we have compiled a series of relevant experiments, aiming to analyze the results of these experiments and dig out the ways MBCT can play a better role in the treatment of depression from different literature.

In the treatment of depression, although standard drug treatment has a certain efficacy, it often brings a series of serious side effects to patients. Those with moderate to severe depression, in particular, often find themselves having to rely on medication to relieve their symptoms. Unfortunately, long-term dependence on these drugs may lead to drug abuse, which not only seriously affects the patient's self-consciousness, but also reduces the patient's quality of life. On the other hand, most conventional antidepressants require the patient to take them for a long period of time, which undoubtedly imposes an additional financial burden on the patient and his family. Under this circumstance, the application of MBCT in the treatment of depression is meaningful for patients, and it is necessary and meaningful to explore how MBCT can play a better role in this treatment.

MBCT is a treatment that combines mindfulness meditation and cognitive behavioral therapy. This therapy enhances individual self-awareness through mindfulness exercises, enabling patients to effectively process their emotions and change their self-perception. At the heart of this approach is the idea that, through systematic mindfulness practice, patients are able to enhance their ability to observe and perceive their own mind so as not to be influenced by what has happened in the past, nor anxious about what will happen in the future.

Mindfulness practice encourages patients to live in the moment and focus on current feelings and thoughts, rather than wallow in painful memories of the past or excessive worries about the future. Through this practice of mindfulness, patients can gradually acquire the ability to observe their own minds. This allows patients to confront their emotions and cognitions with a more objective and tolerant attitude. In the process of mindfulness, patients learn to recognize and accept their own emotions and thought patterns, rather than blindly resisting or getting caught up in them.

This treatment holds that when we are not dominated by past trauma or future uncertainty, we are better able to understand our emotional responses and thus make more informed choices when faced with difficult situations. Through the treatment of mindfulness-based cognitive therapy, patients can learn how to find balance in the flood of emotions without experiencing a sudden emotional breakdown and loss of reason. The cultivation of this ability can help depressed patients cope more calmly in the face of psychological problems, reduce the recurrence of the disease, and improve the quality of life. Ultimately, the cultivation of this ability can help patients cope more calmly in the face of psychological problems such as depression, reduce the recurrence of the disease, and improve the quality of life.

Effectively, MBCT can mitigate the manifestations of depression by altering the patients' detrimental thought patterns and behavioral tendencies. Furthermore, this therapy has demonstrated its effect in diminishing the recurrence rate of depressive episodes. If we can find the best conditions for MBCT to get the best results, we can set the stage for enhancing the therapy's efficacy for the benefit of patients. This would enable us to tailor the application of MBCT, ensuring that it becomes an even more potent tool in the battle against depression, without the adverse effects and costs associated with traditional pharmacological treatments.

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5. Related research

The majority of these studies used randomized controlled trials (RCT). These studies had different sample sizes and subjects, and they were divided into two groups, MBCT+ (treatment as usual) TAU and TAU groups. Most of the MBCT sessions lasted 1.5-2.5 hours and were delivered by therapists five times per week for 8 weeks. Some experiments also conducted six-month follow-ups. It was demonstrated that MBCT prevented the recurrence of depression significantly better than TAU treatment alone. MBCT is often conducted in a group format, which facilitates participants learning and practicing mindfulness techniques in a mutually supportive environment. And that's where we find that those who held open-minded expectations reported ‘fewer barriers’ to engagement [5]. for those holding either ‘unrealistically positive’ or ‘very negative’ expectations, these became a barrier to engagement in MBCT [6]. Even if the patient has had negative experiences during the treatment process, they can still benefit from the treatment after a change in the patient's attitude. This shows that patients' attitudes towards this therapy can also change, and MBCT can still play a role after changing, which allows us to adjust patients' attitudes towards MBCT to achieve the best effect of treatment.

6. Method

To gather a more comprehensive and relevant collection of literature, we conducted searches across several databases, focusing on studies and experiments that had been published in English. The search terms we employed included "depression," "mindfulness meditation," "mindfulness-based cognitive therapy (MBCT)," "cognitive behavioral therapy (CBT)," and "major depressive disorder," among others. We noted a degree of overlap in the experimental objectives and methodologies presented in various articles. Despite this repetition, we still include these studies in our analysis. Because the presence of similar findings from different sources would serve to reinforce the validity and reliability of the experimental outcomes. By selecting these studies, we can fortify the evidence base supporting our research with a multiply-confirmed set of results.

7. Result

In the literature we reviewed, the experiments were finally divided into two groups, intent-to-treat (ITT) and per protocol (PP). Group PP better simulated the actual situation, because not all patients would complete the course of treatment as prescribed, and there was almost no difference in the remission rate between the two groups. Therefore, even if some experiments in the literature did not include group PP as a control, we can still consider their data as a reference and valuable.

Among the five included studies, [6-10] used an 8-week course of MBCT. The trial included patients with remitted recurrent depression, patients with remitted or current depression, and patients with chronic treatment-resistant depression. The participants were all adults, mainly women, with an average of about 65%. The implementation of MBCT is in the form of group treatment, and the comparative study of MBCT+TAU and TAU has been carried out. Among these studies, [7,8,10] mentioned 8 sessions of 2 and 5 hours per week and one day of silent practice, and mindfulness trainers were trained and evaluated. Study 10 was MBCT sessions lasting 1.5-2.5 hours 5 times per week for 8 weeks, and Study [6] was 8 group sessions for 8 weeks, no additional data were available. These studies used a form of group therapy that allowed patients to interact with each other, in groups of 8-15 people. [7,8,10] The course of MBCT was not exactly the same in these studies, but the results of experiments [7,8], and [9] were not significantly different, which strongly demonstrated the effectiveness of MBCT as an adjuvant therapy for the treatment of depression.

From our selected literature, we saw that research [7,8] evaluated the remission rate, rumination, and depression of the patients before MBCT, after MBCT, at 3-month follow-up, and at 6-month

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follow-up. The evaluation showed that MBCT+TAU resulted in significantly fewer depressive symptoms and better quality of life compared with TAU. The follow-up time of experiments [9] ranged from 1, 5 months to 12 months after treatment, and the number of interventions ranged from 6 to 12 times, but it was not proposed that the effect of different follow-up times on the recurrence rate and remission rate. [10] did not mention the experimental session of follow-up. After the 8-week program, Study [6] offered up to four sessions over the course of a year, in which participants were encouraged to taper their medication use. One month after completion of treatment in Experiment [6], all trial participants were invited to complete a feedback manual. The manual addresses their attitudes and experiences with antidepressant tapering during the study, their experience of participating in the study, and the impact of a psycho-cognitive therapy such as MBCT on them. After 24 months, participants received another feedback manual with the same questions as the first one. We believe that the method and type of investigation and collection of experimental data in Study [6] should be adopted by more studies to obtain the influence of individual patient differences on the effect of MBCT adjuvant therapy.

What we can see is that the feedback manual provided by Study [6], together with the researchers specially trained in the interview, played a role in analyzing patient attitudes and modifying the treatment of MBCT based on differences such as patient attitudes. This literature provides cases that show the psychological course of the treatment process for five patients and the impact of this treatment on them. The study was very comprehensive and objective, and the cases were not only patients who got positive results but also patients who gave up. "Unfortunately, we do not have enough data to make a more objective judgment about how this therapy should be adjusted."

From providing cases and interviews, we found that patients with an open and optimistic attitude towards MBCT were more likely to benefit from this treatment, with a lower cure rate and recurrence rate than patients with a pessimistic and non-accepting attitude. In the beginning, some participants did not trust this treatment method and developed a psychological dependence on the drug. However, in the interview during the treatment, group therapy allowed them to be influenced by patients who had already achieved results in the early stage, so the later course of treatment was still effective for them. This allows us to see that patient acceptance of MBCT can affect the efficacy of MBCT in the treatment of depression [5].

8. Conclusion

In conclusion, this literature review contributes to the role of MBCT in the treatment of depression. The focus is on bringing about this better effect through changes in the patient's own state and psychology, rather than changes in the MBCT treatment course per se. The feasibility of using cognitive therapy to treat depression in research and practice, and the possibility and necessity of exploring cognitive therapy instead of drug treatment were emphasized. Future research should continue to explore the different therapeutic effects of cognitive therapy in patients with different psychological states and ideas and conduct comparative studies to provide information for RCTS such as MBCT in the treatment of depression.

9. Discussion

Based on the above summary and analysis of relevant research and literature at home and abroad, the current scholars' research on MBCT in the treatment of depression focuses on the comparison between MBCT+TAU and TAU, which provides us with a large number of research data and proves the role of MBCT in the adjuvant treatment of depression and the prevention of recurrence of depression. A large number of research results have been obtained in these fields, which provide a

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wealth of theoretical basis and experimental data for the application of MBCT in the adjuvant treatment of depression.

Drawing from the analysis of pertinent research and scholarly literature both domestically and internationally, it is evident that the current academic focus on the application of MBCT in the treatment of depression centers on the comparative effectiveness of MBCT augmented with Treatment as Usual (MBCT+TAU) versus TAU alone. Much research has furnished us with extensive data, which corroborates the efficacy of MBCT as an adjunctive therapy in the management of depression and its potential to prevent the recurrence of depressive episodes. These findings provide a rich theoretical basis and reliable experimental data for MBCT in the adjunctive treatment of depression. These findings not only highlight the therapeutic value of MBCT in the clinical setting but also provide a solid basis for further research and the potential integration of MBCT into standard treatment protocols for depression.

However, the existing research primarily attests to the auxiliary benefits of MBCT, leaving open the question of whether MBCT can serve as a standalone treatment for depression. Furthermore, when MBCT is employed as a therapeutic intervention, the variables under experiments tend to be quite similar, making it difficult to ascertain whether these factors have any influence on its therapeutic efficacy. Consequently, our focus must be directed toward analyzing variables from the perspective of the sample population.

From the limited number of studies, the cure rate of MBCT varies significantly according to patient acceptance, suggesting that the efficacy of MBCT for depression is related to patient acceptance. However, due to the small experimental sample size, larger data sets are needed to validate these findings. If more individual patient studies can be conducted and the various variables associated with MBCT treatment can be investigated, as well as patient feedback surveys, we may be able to identify the optimal conditions for MBCT to exert its maximum effect. This may allow MBCT to be used as a stand-alone psychotherapy for the treatment of depression and thus as a real alternative to medication in the future.

References

[1] *Batink, Tim, Frenk Peeters, Nicole Geschwind, Jim van Os and Marieke Wichers. 《How Does MBCT for Depression Work? Studying Cognitive and Affective Mediation Pathways》. PLoS ONE 8, Issue 8 (23 August 2013): e72778. https://doi.org/10.1371/journal.pone.0072778.*

[2] *World Health Organization .Depression (Fact Sheet)WHO; Geneva, Switzerland: 2020. [(accessed on 1 December 2022)]. Available online:https://www.who.int/news-room/fact-sheets/detail/depression[Google Scholar]*

[3] *Tomažič, Tina, and Anita Kovačič Čelofiga. 《The Role of Different Behavioral and Psychosocial Factors in the C ontext of Pharmaceutical Cognitive Enhancers' Misuse》. Healthcare 10, Issue 6 (24 May 2022): 972. https://doi. org/10.3390/healthcare10060972.*

[4] *Cladder-Micus, Mira B., Janna N. Vrijsen, Eni S. Becker, Rogier Donders, Jan Spijker,Anne E. M. Speckens. 《A randomized controlled trial of Mindfulness-Based Cognitive Therapy (MBCT) versus treatment-as-usual (TAU) fo r chronic, treatment-resistant depression: study protocol》. BMC Psychiatry 15 (9 November 2015): 275. https:// doi.org/10.1186/s12888-015-0647-y.*

[5] *Mason, Oliver, Isabel Hargreaves. 《A Qualitative Study of Mindfulness-Based Cognitive Therapy for Depression》. The British Journal of Medical Psychology 74 Part 2 (June 2001): 197–212.*

[6] *Tickell, Alice, Richard Byng, Catherine Crane, Felix Gradinger, Rachel Hayes, James Robson, Jessica Cardy, Alice Weaver, Nicola Morant and Willem Kuyken. 《Recovery from recurrent depression with mindfulness-based cognitive therapy and antidepressants: a qualitative study with illustrative case studies》. BMJ Open 10, Issue 2 (18 February 2020): e033892. https://doi.org/10.1136/bmjopen-2019-033892.*

[7] *Cladder‐Micus, Mira B., Anne E.M. Speckens, Janna N. Vrijsen, A. Rogier T. Donders, Eni S. Becker and Jan Sp ijker. 《Mindfulness‐based cognitive therapy for patients with chronic, treatment‐resistant depression: A prag matic randomized controlled trial》. Depression and Anxiety 35, Issue 10 (October 2018): 914–24. https://doi.org /10.1002/da.22788.*

DOI: 10.54254/2753-7064/2024.23434

[8] *Cladder-Micus, Mira B., Janna N. Vrijsen, Antine Fest, Jan Spijker, A. Rogier T. Donders, Eni S. Becker 和 Anne E. M. Speckens. 《Follow-up outcomes of Mindfulness-Based Cognitive Therapy (MBCT) for patients with chronic, treatment-resistant depression》. Journal of Affective Disorders 335 (August 15, 2023): 410–17. https://doi.org/10.1016/j.jad.2023.05.023.*

[9] *Tseng, Hui-Wen, Fan-Hao Chou, Ching-Hsiu Chen and Yu-Ping Chang. 《Effects of Mindfulness-Based Cognitive Therapy on Major Depressive Disorder with Multiple Episodes: A Systematic Review and Meta-Analysis》. International Journal of Environmental Research and Public Health 20, Issue 2 (January 14, 2023): 1555. https://doi.org/10.3390/ijerph20021555.*

[10] *《Added Value of Mindfulness-Based Cognitive Therapy for Depression: A Tree-Based Qualitative Interaction Analysis》. Behaviour Research and Therapy 122 (1 November 2019): 103467. https://doi.org/10.1016/j.brat.2019.103467.*