

## **Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse**

**Segal, Z. V., Williams, J. M. G., Teasdale, J. D. New York: Guilford Press, 2002, 351pp.**

It is a well-established fact that Major Depressive Disorder (MDD) is a recurring illness with significant psychological, physical, financial and societal consequences. Studies have reported recurrence rates of approximately 40% within one year and 85% within fifteen years. In the early '90s, Segal, Williams and Teasdale began addressing this enormous problem by meeting to develop a cognitive behavioral treatment designed to prevent depressive relapse. In *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*, Segal, Williams, and Teasdale present a fascinating account of the progression and development of their theoretical model of depressive relapse that culminated in an eight-week manualized group treatment and incorporates both mindfulness training and cognitive therapy principles.

In Part I of the book, Segal, Williams and Teasdale describe the development of the theoretical basis for their approach. The authors began meeting in 1992 to discuss a maintenance form of cognitive therapy (CT) for the prevention of relapse. Since studies have shown that CT is effective in the acute phase of illness, it made sense to examine whether this would also be the case for relapse prevention. In their early discussions, Segal, Williams, and Teasdale began to ask some critical questions including what are the important psychological mechanisms involved in a depressive relapse. Teasdale posited the "differential activation hypothesis" which could explain one mechanism for previously depressed individuals relapsing so frequently. The hypothesis suggests that sad moods reactivate thinking styles associated with previous sad moods. Previously depressed patients would be particularly vulnerable to this phenomenon since they have relatively easy access to negative material (e.g., thoughts, attitudes, assumptions). The theoretical model that the authors present in the beginning chapters translates practically to a program of helping patients to become aware of these thinking processes and to learn strategies to disengage from these patterns. In Part I, the authors chronicle their engagement with Jon Kabat-Zinn, a clinical psychologist at the Center for Mindfulness at University of Massachusetts Medical School, who had developed an eight-week program, Mindfulness Based Stress Reduction (MBSR), that involves intensive training in mindfulness meditation. Mindfulness is defined as moment- to-moment nonjudgmental awareness and a byproduct of mindfulness training is the ability to observe the nature of thoughts without necessarily getting caught up into their content. Kabat-Zinn and others have described this as a "decentered" relationship to thoughts that helps individuals to take on a wider perspective. Related to this view on mental content, Kabat-Zinn (1990) remarks, "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'." (p.69). As the Segal, Williams and Teasdale began to learn more about mindfulness and incorporate the practice into their own lives, they theorized that mindfulness training may be an essential factor in their treatment since it would help patients to disengage from ruminative thought patterns.

Part II of the book presents the eight-week program the authors developed. In Chapter 5, they present an overview and structure of the program. MBCT is a group treatment that takes on the form of a class-like setting with up to 12 participants. The classes are structured with a theme and curriculum and each class includes training in mindfulness practices including sitting meditation, body scan meditation, hatha yoga and walking meditation. Homework is an essential

component of MBCT and class participants are expected to practice on a daily basis with guided 45 minute taped instructions of mindfulness meditation. The authors stress the importance of class leaders having their own, personal, and on-going mindfulness practice. The subsequent chapters detail the themes and agenda items for each of the eight classes along with planning and preparation required, as well as handout materials. For example, the theme of Session 1 is to begin to recognize the tendency to be on “automatic pilot” and to make a commitment to becoming aware of each moment. The agenda includes an orientation to the class, review of rules, a mindful eating exercise and practice of the body scan meditation. The authors provide written instructions for the mindfulness exercises including mindful eating, body scan meditation, sitting meditation, and mindful walking. Helpful cognitive strategies such as paying particular attention to thoughts and feelings related to pleasant and unpleasant events are presented in class and participants, as part of their homework, practice recording these events. These handouts are also presented in the book.

In Part III of their book, Segal, Williams and Teasdale present their three-center randomized clinical trial of MBCT for relapse prevention. The study was designed to include patients who had at least two previous episodes of depression and were in remission. Subjects were randomized to treatment as usual or MBCT. The authors were interested to find that MBCT had a significant association with prevention of relapse and recurrence in those patients with three or more previous depressions but did not differ significantly from treatment as usual in those with fewer than three previous depressive episodes. In their concluding remarks the authors speculate as to the possible reasons for these intriguing findings.

In conclusion, *Mindfulness Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse* is a seminal book. Segal, Williams and Teasdale have made a unique and enormous contribution to the field and have sparked a new generation of research in mindfulness-based approaches to emotional and physical conditions. This is a “must read” book for anyone working in our field.

#### Reference

Kabat-Zinn, J. *Full Catastrophe Living*. New York: Bantam Doubleday Publishing Group, Inc., 1990.

**Susan Evans, Ph.D.**

*Professor of Psychology in Clinical Psychiatry  
Weill Cornell Medical College, New York  
Director, Mindfulness Based Stress Reduction Program  
New York Presbyterian Hospital  
Founding Fellow, Academy of Cognitive Therapy*