

Buddhism beats depression

Should the health service sponsor Buddhist techniques to beat depression? Why not, if they work



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2010 could be the year that mindfulness meditation goes mainstream in the UK. It's already endorsed as a treatment for [depression](#) by the [National Institute for Clinical Excellence](#), and today a [major mental health charity](#) is calling for meditation-based courses to be offered much more widely on the NHS.

A report I wrote for the Mental Health Foundation highlights the impressive clinical evidence for an approach called [mindfulness-based cognitive therapy](#) (MBCT) – the eight-week courses have been shown to reduce relapse rates by half among people who have suffered several episodes of depression. The report also finds that very few patients who could benefit from mindfulness training are currently being referred for the treatment – just one in 20 GPs prescribes MBCT regularly, despite the fact that nearly three-quarters of doctors think it would be helpful for their patients with mental health problems. Changing that could make a massive difference not only to them, but to the economy – the cost of depression to the UK has been [estimated at £7.5 billion](#) every year.

Despite its convoluted name, mindfulness-based cognitive therapy is pretty straightforward – a set of classes that teach meditation practices which help people pay attention to their breathing, body sensations, thoughts and feelings in a kind, accepting, non-judgemental way. Mindfulness training shows us how to notice and work with our experience rather than engaging in a futile struggle to fight or run away from it. That may sound simple – perhaps because it is – but developing this mindful way of relating seems to alleviate some of the suffering that struggling with life's pain creates.

Mindfulness is especially relevant to depression, in which sufferers tend to get caught up with cycles of 'rumination' – when people get depressed they churn negative thoughts over and over in their minds, a pattern which actually perpetuates their low mood. Mindfulness short-circuits rumination – by learning how to pay attention to our present moment experience, rather than getting tied up in negative thinking about the past or future, we create more space in our minds from which new, more effective decision-making can emerge. It isn't a miracle cure – while simple, the techniques take time and effort to master, but mindfulness-based therapies are now supported by a substantial and rapidly-growing evidence base that suggest they can help people cope better not just with depression, but also with the stress of conditions ranging from chronic pain and anxiety to cancer and HIV.

Mindfulness-based therapies are fundamentally and unapologetically inspired by Buddhist principles and tools – the Buddha both noted that suffering (as opposed to pain) is created by struggling with experience and prescribed mindfulness meditation as a way of working with it skilfully. However, the B-word rarely, if ever, gets a mention on MBCT courses – their reputation in health services has been built on scientific evidence rather than spiritual conviction. This is the only way it could be – while some of us Buddhists might argue that practising mindfulness can open up insights about the nature of mind that go way beyond what can be measured in a randomised-controlled trial, the most important thing here is that techniques which reduce suffering are presented in whatever way will make them most accessible to the largest number of people.

By secularising mindfulness training, and packaging it in a form that makes it amenable to clinical testing, an approach that might otherwise have been seen in medical circles as new-age flim-flam is being taken very seriously. So seriously that according to an ICM survey of GPs conducted for the Mental Health Foundation report, 64% of doctors would like to receive training in mindfulness themselves.

For that we can partly thank [Morinaga Soko-Roshi](#), a zen teacher of [Jon Kabat-Zinn](#), the doctor who first brought mindfulness training into US healthcare services in the 1970s. Kabat-Zinn knew that it would be considered unacceptably 'religious' to offer Buddhist training to his patients – however, he also had a strong hunch that the meditation techniques said to lead to insight on the Buddhist path might also help people cope with chronic illness. Unsure of what to do, he went to see Soko-Roshi and asked his advice. "Throw out Buddha! Throw out Zen!" came the abrupt reply.

From that, Kabat-Zinn's secular mindfulness-based stress-reduction course, a progenitor of MBCT, was born. MBSR is now taught in hundreds, perhaps thousands of institutions across the US – not just hospitals and medical settings, but schools, community centres, prisons and workplaces.

We are some way behind in the UK. Although there are now mindfulness centres at universities such as [Oxford](#), [Exeter](#) and [Bangor](#) (the Scottish government also deserves great credit for investing strongly in mindfulness training for health professionals) most NHS trusts lack the infrastructure and personnel to offer MBCT courses to patients who could benefit from it. Even though the scientific evidence is persuasive, and GPs are on board, there simply aren't the courses for people to access.

But with the embracing of mindfulness by a growing range of powerful institutions, whose support is based on hard-nosed evidence rather than any particular commitment to [Buddhism](#), that may now be about to change.

