

The Mindfulness-Based Stress Reduction Programme

A Workshop conducted by **Dr. Jon Kabat-Zinn**, August 2001, Bangor, Wales

Reported by **Dr. Maya Spencer**

Through the 1980's and 90's, Dr. Jon Kabat-Zinn and his team at the University of Massachusetts Medical Centre have quietly been setting the stage for a revolution in medicine. Hundreds of outpatients have learnt to meditate as part of their medical treatment by going through the Mindfulness - Based Stress Reduction Programme, held in a specialist clinic within the department of medicine. In August 2001 Dr. Kabat-Zinn and the present director of the clinic, Saki Santorelli, came over to the UK to present their work in an experiential 5-day workshop at Bangor University, aimed primarily at health professionals.

The mindfulness-based stress reduction (MBSR) programme is an 8-week course in which patients attend a weekly class where they are instructed in mindfulness meditation (sitting and walking), yoga, and the body-scan technique. They commit to meditating in one or other of these modes at home, for 40 minutes a day, 6 times a week. They also have other homework. The beauty of mindfulness meditation is that it can be generalised to whatever one is doing in the moment, so it is possible to take a shower mindfully, to do the washing up mindfully etc. – or so I am told, I haven't achieved it yet! Mindfulness simply means non-judgmental, moment-by-moment awareness - of thoughts, feelings, and sensations. It develops concentration, and the faculty of witnessing - as opposed to being caught up in - mental activity.

In the Bangor workshop, we received similar instruction as in the stress reduction classes, and *our* commitment was to start each day with sitting meditation at 6 am. Afterwards, we divided the time between meditation and yoga practice periods, with time also given to question and answer sessions with Jon and Saki. I can't make much comment on the body scan technique other than to say it was extremely relaxing as I went to sleep each time! In fact, it is not a relaxation technique, but requires one to focus the attention on physical sensations during an inner tour of the body.

It was an intensive programme with evening sessions as well. One evening Jon gave an inspiring account of how the mindfulness-based programme developed, and has spread not only around North America, but also to other parts of the world. Another time, he gave a summary of the considerable amount of research that has been carried out, which shows the effectiveness of the programme. One of the appeals of his work is that it has a strong evidence-base. Most riveting, of course, were the moving accounts of patients' experiences and responses to the programme.

There were around one hundred participants in the workshop, with about two-thirds coming from Holland and Germany. It was held in a large hall, and it is a tribute to Jon and Saki that they overcame the impersonal space and a poor PA system to create a wonderfully intimate atmosphere. They did this by being ordinary, fallible human beings to a degree that is extraordinary in my experience of academic events. Their sincerity and utter dedication to their work was deeply impressive. They both participated with us at all times (yes, even at 6 a.m.) and it was plain that being present with us, including mealtimes and the walks back to the accommodation site for meals, was their priority. Their depth of experience with both meditation and patients carried an unassailable conviction: they do indeed 'walk their talk'.

Is there a place for similar programmes here, in the UK, in psychiatry? Bearing in mind that the University of Massachusetts clinic takes patients who are referred by physicians, it is important to realise that the Stress Reduction Programme caters for patients who are in the domain of liaison, not general, psychiatry. The

centre is staffed by clinical psychologists. Research showing benefits of the programme to patients with anxiety and depression was carried out with medical, not psychiatric, patients with these conditions. Dr. Santorelli told me of some exciting pioneering work by a psychiatrist in another state, who is adapting the programme for people with schizophrenia, but this seemed to be an isolated example of its application within the field of severe mental illness.

It was hard to imagine the transposition of the programme into the NHS in Britain, and others I spoke to felt the same. It requires a high level of commitment to making a major life style change, and often that commitment seemed to come from feeling that all avenues of medical treatment have been tried without success, that MBSR is the last hope. Research has shown that benefit from the programme correlates with time spent meditating at home, not with clinic attendance (1). One of the most encouraging aspects of the work with the programme has been its success with an inner city, Spanish-speaking population (2). For them, yoga was called 'gentle stretching' and meditation was 'relaxation', to make the programme more acceptable.

The one place with significant experience of trying out the programme over here is Bangor, where the community mental health team have linked in with research being carried out in the University into a possible marriage of mindfulness meditation with cognitive therapy. The experience is predominantly positive, as has been demonstrated in a multi-centre clinical trial involving John Teasdale's group in Cambridge and another centre in Toronto (3). For those interested in this development within cognitive therapy, a book will be coming out in November 2001, entitled *Mindfulness-Based Cognitive Therapy for Depression*, and endorsed by Aaron Beck. An interesting finding has been that the programme seems to work best for those with several episodes of recurrent depression, perhaps pointing again to the prime importance of failure of conventional treatment in motivation for compliance with mindfulness practice.

Jon made it plain that an MBSR programme can only be run by people who consistently practise mindfulness themselves. Training requires people to have meditated consistently for at least three years before starting. It would be interesting to know how big a pool of regular meditators there are in the health service in the UK, but on the face of it this stringent, though obviously necessary, requirement appears to preclude the spread of similar programmes over here, before we even start on funding issues. Once again we are faced with the great divide between those with traditional skills who have professional access to patients, and those who have developed other personal resources that could help people help to themselves more effectively, but who find little invitation to join with a health service that still often regards them with suspicion and condescension. The MBSR programme has successfully bridged the gap, and appears to me to fit best over here in a primary care context, in the development of self-help programmes for those patients with significant illness or distress whose psychological needs generally fall outside the remit of the community mental health team and are currently very poorly attended to by the NHS.

Jon Kabat-Zinn has achieved what few do: he has set up an innovative programme in the field of mind-body medicine that has been accepted by general hospital physicians, and that has been of enormous value to large numbers of patients. He has confirmed this value with sound research. He has inspired others to emulate him, and his work has spread internationally. He has brought spirituality to the forefront of medicine in a way that is independent of religious affiliation and acceptable to all. It was a privilege to attend his workshop, as well as a beneficial experience both personally and professionally. I couldn't resist a little mischievous smile while doing my yoga stretches to think this was actually paid study - leave! That's definitely progress towards bringing spirituality into psychiatry.

References

- (1) Kabat-Zinn, J. et al (1992) Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, **149**, 936-943.
- (2) Roth, B. & Creaser, T. (1997) Mindfulness meditation-based stress reduction: Experience with an inner city program. *The Nurse Practitioner*, **22**, 150-176.
- (3) Williams, J.M.G., Teasdale, J.D., Segal, Z.V. & Soulsby, J. Mindfulness-based cognitive therapy reduces over-general autobiographical memory in formerly depressed patients. *Journal of Abnormal Psychology* (in press).

Recommended reading

Jon Kabat-Zinn (1990) *Full Catastrophe Living: Using the Wisdom of your Body and Mind to Face Stress, Pain and Illness*. Piatkus, London

Jon Kabat-Zinn (1994) *Wherever you go, there you are: Mindfulness Meditation in Everyday Life*. Hyperion, New York

Saki Santorelli (1999) *Heal Thyself, Lessons on Mindfulness in Medicine*. Random House/Bell Tower, New York

Audiotapes of guided meditations Available from www.mindfulnessstapes.com