

Mindfulness-Based Cognitive Therapy (MBCT)



What is Mindfulness-Based Cognitive Therapy (MBCT)?

Mindfulness in therapy was originally developed to help people vulnerable to problems such as depression from relapsing and experiencing repeated bouts of illness.

It was noted that an apparently small situation or change of mood can trigger overwhelming negative feelings, potentially leading to relapse.¹

The aim was to help people avoid this cycle of relapse and illness.

Mindfulness refers to the ability to respond in a different and more aware way to a negative situation, rather than going into 'autopilot'. Becoming more aware of our thoughts, feelings and body sensations that are triggered by events opens up the possibility of responding to challenges in a different way.

Mindfulness has been developed into a therapy, called Mindfulness-Based Cognitive Therapy (MBCT). This is a combination of the concept of mindfulness with the structure and approach of cognitive therapy.

Why is mindfulness helpful in the treatment of eating disorders?

People with eating disorders experience high levels of mood disturbance and anxiety when facing distressing situations.

A negative episode could be a person who has bulimia seeing pictures of celebrities in a magazine, and comparing them to her own self-image.

She experiences an overwhelming sense of self-criticism and loathing, which triggers a cycle of bingeing and purging because she feels overwhelmed by these feelings.

Mindfulness is based on developing greater self acceptance and understanding of the link between negative feelings and negative thoughts in order to break the cycle of harmful behaviour.

How is mindfulness used in practice?

The client will work with the therapist to produce a detailed description of the type of behaviour they wish to work on and the meaning and function of that behaviour. For example, this may be restricting food intake, bingeing or purging.

They explore the links between negative thoughts and negative feelings and how their emotional extremes develop. Individuals learn to acknowledge, accept and understand their feelings and work towards changing habitual, unhelpful behaviour.

Clients will be given a range of meditation type exercises, practised initially with the therapist, to help manage distress and anxiety.

This greater understanding, combined with self-acceptance meditation, helps participants to manage a negative thought or experience without activating an overwhelming emotional response and associated negative behaviour.

MBCT also involves training on how to work wisely with anxiety, helping people increase their awareness of how they manage distress.

From this awareness, they are able to make a decision to change this habitual behaviour to a different and more helpful way of responding to distress.

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Mindfulness in practice: a study of patients with bulimia

Kathryn Proulx of the University of Massachusetts studied a group of women with bulimia who took part in an eight week mindfulness course.

“Participants described their experience of transformation from emotional and behavioural extremes, disembodiment, and self-loathing to the cultivation of an inner connection with themselves resulting in greater self-awareness, acceptance, and compassion. They reported less emotional distress and improved abilities to manage stress. She concluded the treatment may help the 40% of women who do not improve with current therapies and might be useful to prevent symptoms in younger women.”²

References and background information

1. Zindel Segal (Toronto), Mark Williams (Wales) and John Teasdale (Cambridge)
2. Proulx K, **Experiences of Women with Bulimia Nervosa in a Mindfulness-Based Eating Disorder Treatment** Group Eating Disorders, Vol 16, Issue 1 January 2008, pp 52–72