Mindfulness-Based Cognitive Therapy (MBCT) Approach in Counseling Practice

by Mulawarman Bk
Mindfulness-Based Cognitive Therapy (MBCT) Approach in Counseling Practice

Julia Surya
Sekolah Tinggi Ilmu Agama Buddha Samarangga, Indonesia
juliasurya@smaratungga.ac.id

Mungin Eddy Wibowo
Universitas Negeri Semarang, Indonesia

Mulawman
Universitas Negeri Semarang, Indonesia

Abstract—Mindfulness has become an increasingly visible part of the landscape in psychology and medicine in the past several decades. Only recently has this same interest in mindfulness and Mindfulness-Based Cognitive Therapy (MBCT) approach appeared in counseling. This article provides a brief synopsis of the mindfulness literature and explores the theoretical and practical of mindfulness and the MBCT approach in counseling practice. In addition, the article explores ways in which mindfulness and MBCT approach can contribute uniquely to counseling practice.

Keywords: mindfulness, Mindfulness-Based Cognitive Therapy, counseling

I. INTRODUCTION

The Mindfulness-Based Cognitive Therapy (MBCT) approach developed by Zindel Segal, Mark Williams, and John Teasdale, originates from the early work of Teasdale, Jon Kabat-Zinn, and Phillip known as Mindfulness-Based Stress Reduction (MBSR). In fact, MBSR stems from a legacy of mindfulness in a Buddhist context that was taught by the Buddha 2,500 years ago. Also, MBCT is inspired by Cognitive-Based Therapy (CBT), where the MBCT approach is a combination of cognitive therapy ideas with meditation practice and awareness development.

MBCT was developed as a targeted approach for individuals with a history of depression. MBCT aims to help individuals to understand and manage their thoughts and emotions to be free from stress, bring awareness to sensations of the body, thoughts, and emotions, and to respond adaptively to early warning signs of a possible relapse. This program has mindfulness meditation practice at its core; it draws on the structure and process of the MBSR program and is integrated into several aspects of CBT for depression.

II. METHODS

This research is done based on library research in order to provide a brief synopsis of the mindfulness literature and to explore the theoretical and practical of mindfulness and the MBCT approach in counseling practice. And also to explore how mindfulness and MBCT approach can contribute uniquely to counseling practice.

There are several steps which were taken by the researcher, such as: (1) state the research topic idea as a question and identify the main concept or the keywords in that question; (2) find background information in several references; (3) use catalogs to find books; (4) find internet resources, especially e-journal; (5) evaluate what has been found and reviews the progress; and (6) cite what has been found using a standard format.

III. RESULT AND DISCUSSION

3.1 Mindfulness-Based Cognitive Therapy (MBCT) Approach

3.1.1 A Brief History of Mindfulness-Based Interventions

Mindfulness is usually defined as a state of being aware and increasing attention to the ‘here and now’ which involves adopting an approach without judgment and without evaluating experiences (Kozlowski, 2013: 92). The mindfulness approach can direct thoughts that appear to be thoughts and feelings that are without judgment; enhances a non-judgmental character and leads to acceptance of differences between individuals; and attention and perceptions provided by mindfulness can improve good relationships between individuals (Issahani, Nargess, Eternadi & Mohamadi, 2018).

The first application of mindfulness in the Western scientific literature explores the use of mindfulness meditation for patients suffering from chronic pain who have not responded to traditional allopathic medicine (i.e. Western medicine). This study not only outlines the structure of manualized mindfulness-based group intervention but also provides the first scientific evidence for this practice in the management of medical symptoms. Future research sets expectations for other medical and psychiatric conditions. The most widely recognized awareness-based intervention is Mindfulness-Based Stress Reduction (MBSR). A number of newer awareness-based interventions have adapted the structure (eight-week group-based format) and practice of MBSR meditation for other specific clinical populations (e.g., awareness-based cognitive therapy (MBCT)) for depression; awareness-based relapse prevention for drug use disorders (Goldberg, 2017: 3).
Thousands of scientific articles exploring mindfulness have appeared in the various literature to date. Figure 1 shows the dramatic increase in interest in mindfulness-related research in the last three decades. The large number of meta-analyses that have synthesized this work has generally found hope for mindfulness interventions in adults and children (Khoury et al., 2013; Zogman, Goldberg, Hoyt, & Miller, 2015). Recent systematic reviews have also found evidence that suggests MBSR and similar interventions can help reduce fatigue and increase empathy in health care professionals (Lamotte, Rendeau, Malboeuf-Hurtubise, Duval, & Sultan, 2016). Some literature has explored potential action mechanisms in these interventions, particularly, from a science perspective (e.g. epigenetic, neuroendocrine, structural, and functional changes in the brain; Davidson et al., 2003; Kaliman et al., 2014; Fox et al., 2016).

Figure 1. Relative frequency of articles containing the term “mindfulness” published since 1982 (Source: Counseling Psychology Quarterly, 1(19), 1-19).

3.1.2 The Relation Between Mindfulness and Mindfulness-Based Cognitive Therapy (MBCT) Approach

Mindfulness is an aspect of several ancient spiritual traditions. In the Buddhist tradition, this is an integral part of the path to understanding the origin and cessation of suffering; and has the meaning of liberating the individual from the added suffering caused by the arising of difficulties and suffering.

Mindfulness is the awareness that arises when paying full attention to experience: to meaning (attention is placed on specific experiences); in the present moment (when the mind turns to the past or future, is brought back to the present moment); and without judgment (this process is filled with a spirit of acceptance of whatever arises) (Brown, Marquis, & Guiffrida, 2013: 96). Mindfulness can also be defined as a state of internal alignment, which includes curiosity, openness, and acceptance and includes “calm” (Rybak, 2013: 111). In mindfulness practice, just being aware of what is going on, as it arises, is present profoundly and directly and is related to personal acceptance: it is a compelling act of observation. Although it may seem simple, the practice of mindfulness is often seen as something difficult to implement.

Mindfulness learning and practice consist of three elements, namely:

1) The development of mindfulness through a systematic methodology involves formal mindfulness practice (body observation, sitting meditation, mindful body movements) and informal practice mindfulness (developing awareness of “present moment” in everyday life).

2) An attitude that is accompanied by kindness, curiosity, and a desire to be present with openness. These attitudes can be developed in practice or arise spontaneously in individuals.

3) An understanding of human vulnerability. This can be developed through listening to the teachings, and then exploring their validity through direct experience while practicing mindfulness meditation. This can be learned through the practice of mindfulness meditation, even though suffering is part of the life experience. In a Buddhist context, mindfulness is taught as the key to an integrated system that supports individuals to see the nature of human suffering.

These three elements of mindfulness offer the potential to develop enlightenment, new perspectives, and facilitate self-transformation.

Taking mindfulness from the Buddhist context as its origin and recontextualizing it into secular programs such as MBCT or MBSR, should ensure that it does not lose any essential aspects of the approach. The three elements previously mentioned are reflected in the construction of the MBCT program, namely:

1) Developing awareness through mindfulness practice.

2) Attitudes which are based on non-demanding, genuine acceptance, and interest in undergoing an experience.

3) The process of linking the learning with the understanding of working with vulnerabilities. Personal learning experiences are integrated with a greater scope of understanding. This understanding relates to the nature of general human vulnerability and suffering and the specific nature of susceptibility to depression that arises when this integration MBCT session is facilitated through dialogue, reflection, group exercises, and teaching.

The MBCT developer, starting the development process, first reviewed the theoretical understanding of the basis for susceptibility to depression relapse. Thus, it can be concluded that mindfulness meditation is the basis for the MBCT program.
3.2 Mindfulness-Based Cognitive Therapy (MBCT) Approach in Counseling Practice

The Mindfulness-Based Cognitive Therapy (MBCT) approach is derived from Buddha’s teachings. Buddha’s thoughts and practices direct the path of understanding the experience of life in order to feel more clearly the inner (internal) and outer (external) natural processes and the relationship between these two things. The human cycle continuously and rapidly leads to a variety of emotions and moods. The process of going on the cycle of rebirth is inevitable if it is motivated by the continuation of the energy of greed, hatred, and delusion. The counseling/therapy approach is a process that can be seen, transformed (changed), and finally stopped, thus encouraging resistance to people who are in distress (a psychological condition).

Buddhism uses a philosophical basis and direct discovery of “counseling/therapy” to accomplish the goal of enlightenment. Buddha’s approaches prove logical principles and then provide a way to prove them. An example of the Buddha’s Basic Teachings - the four noble truths, shows that everything is impermanent, including life and the material world, is the primary and direct cause of unhappiness (matter and person decay and perish).

Rational thoughts can accept suffering and unhappiness as well as the impermanence of the world. And under certain conditions, it can understand the existence of interrelated relationships. Buddhism provides a way to know mental processes and how they work and then to be understood and cultivated, which leads to the liberation from the bondage of the cycle of birth. This mindfulness meditation if practiced diligently and progressively, can lead to high spiritual experiences. This form of mindfulness training meditation is the basis of mindfulness meditation, designed to improve mental health. The steps for developing consciousness consist of (1) looking at mental processes themselves, (2) increasing control over mental processes, (3) gaining freedom from ignorance and uncontrolled mental processes. The seemingly impossible task is to attain a state called by Nyanaponika “Bare Attention” without a quality examination, evaluation of mental comments or behavior. Those “Bare Attention” are namely accurate, continuous attention, recorded at the level of consciousness occurring in the six senses of sight, hearing, touch, taste, smell, and mind.

Mindfulness applied in the MBCT program can help clients improve “interpersonal alignment and neural integration”. The counselor can use mindfulness training with clients to help clients develop ways of removing focus from negative cognition and engaging directly through experiences, over time. The MBRS study as an intervention found that increased attention was used to reduce the effects of stress, contributing to a higher quality of life and increased vitality. Relatively, higher levels of mindfulness practice are associated with lower levels of adverse cognitive and emotional effects for subjects in high-stress conditions (Rybak, 2013: 111).

Several studies have demonstrated the use of MBCT in counseling practice. MBCT has received particular attention for its use in assisting counselors. For example, namely: MBCT was found to be very helpful in reducing fatigue, self-care, and developing a professional identity (Martinez & Dong, 2020). Besides, the article called “Effectiveness of Counseling Based on Mindfulness and Acceptance on the Marital Conflict of Intercultural Married Women in Iran” shows that the counseling process using the MBCT approach can make couples more aware of the differentiation of the cultural nature. Therefore, they can accept their partners who are from different cultures without judgment (Isfahani, Nargess, Etemadi & Mohammadi, 2018). Applying mindfulness to daily exercise has been shown to help counseling trainees improve their well-being and ability to solve problems, change perceptions of adverse events, and find relaxation during stressful events (Testa & Sangjanavat, 2016: 104).

IV. CONCLUSION

The Mindfulness-Based Cognitive Therapy (MBCT) approach comes from Mindfulness-Based Stress Reduction (MBSR), which originates from the teachings of mindfulness in a Buddhist context. The MBCT approach is also inspired by Cognitive-Based Therapy (CBT), where the MBCT approach is a combination of cognitive therapy ideas with meditation practice and awareness development.

Mindfulness applied in the MBCT program can help clients improve “interpersonal alignment and neural integration”. The counselor can use mindfulness training to help clients develop ways of removing focus from negative cognition and engaging directly through experiences over time so that the counselor can help individuals to transform themselves from unhealthy individuals to healthy individuals.

REFERENCES

[1] Brown, Amanda, P., Marquis, A., & Guifrida, Douglas, A. (2013). Mindfulness-Based Interventions in Counseling. Journal of Counseling & Development, 91(1), 96-104.

[2] Davidson, R., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., ..., Sheridan, J. (2003). Alterations in brain and immune function produced by mindfulness meditation. Psychosomatic Medicine, 65, 564–570.

[3] Goldberg, Simon, B. (2017). Why Mindfulness Belongs in Counseling Psychology: a synergistic clinical and research agenda. Counseling Psychology Quarterly, 1(19), 1-19.

[4] Isfahani, Nargess, N., Bahrami, F., Etemadi, O., & Mohamadi, Rahmat, A. (2018). Effectiveness
of Counseling Based on Mindfulness and Acceptance of the Marital Conflict of Intercultural Married Women in Iran. Contemporary Family Therapy.

[5] Kaliman, P., Álvarez-López, M. J., Kosin-Tomás, M., Rosenkranz, M. A., Lutz, A., & Davidson, R. J. (2014). Rapid changes in histone deacetylases and inflammatory gene expression in expert meditators. Psychoneuroendocrinology, 40, 96–107.

[6] Kozlowski, A. (2013). Mindful mating: Exploring the connection between mindfulness and relationship satisfaction. Sexual and Relationship Therapy, 28(1–2), 92–104.

[7] Khoury, B., Lecomte, T., Fortin, G., Massé, M., Therrien, P., Bouchard, V., … Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. Clinical Psychology Review, 33, 763–771.

[8] Lamothe, M., Rondeau, E., Malbouef-Hurtubise, C., Duval, M., & Sultan, S. (2016). Outcomes of MBSR or MBSR-based interventions in health care providers: A systematic review with a focus on empathy and emotional competencies. Complementary Therapies in Medicine, 24, 19–28.

[9] Martinez, J.K. & Dong, S. (2020). An Investigation of Multicultural Counseling Competence Development among Graduate-Level Counseling Students through Mindfulness, Cognitive Complexity, and Cognitive Flexibility. International Journal for the Advancement of Counselling.

[10] Rybak, Christopher. (2013). Nurturing Positive Mental Health: Mindfulness for Wellbeing in Counseling. Int J Adv Counselling, 35, 110–119.

[11] Testa, D. & Sangaranavanich, V. F. (2016). Contribution of Mindfulness and Emotional Intelligence to Burnout Among Counseling Interns. Counselor Education & Supervision, 55, 95-108.

[12] Zoogman, S., Goldberg, S. B., Hoyt, W. T., & Miller, L. (2015). Mindfulness interventions with youth: A meta-analysis. Mindfulness, 6, 290–302.
## Mindfulness-Based Cognitive Therapy (MBCT) Approach in Counseling Practice

### Originality Report

| Source Type               | Similarity Index | Primary Sources                                                                 |
|---------------------------|------------------|----------------------------------------------------------------------------------|
| SIMILARITY INDEX          | 6%               |                                                                                   |
| INTERNET SOURCES          | 5%               | Submitted to University of Western Sydney Student Paper                            |
| PUBLICATIONS              | 4%               | STEVEN JAY LYNN, LAMA SURYA DAS, MICHAEL N. HALLQUIST, JOHN C. WILLIAMS. "Mindfulness, Acceptance, and Hypnosis: ", International Journal of Clinical and Experimental Hypnosis, 2007 Publication |
| STUDENT PAPERS            | 3%               | openaccess.city.ac.uk Internet Source                                             |
|                           |                  | Karolina Wesołowska, Marko Elovainio, Kaisla Komulainen, Laura Hietapakka, Tarja Heponiemi. "Nativity Status and Workplace Discrimination in Registered Nurses: Testing the Mediating Role of Psychosocial Work Characteristics", Journal of Advanced Nursing, 2020 Publication |
|                           |                  | Submitted to The Robert Gordon University Student Paper                           |
Corinna M. Costello, Mary E. Walters. "Integrating Resiliency Into Neurobiologically-Focused Mental Health Counseling Through Mindfulness", Journal of Creativity in Mental Health, 2021
| FINAL GRADE | GENERAL COMMENTS |
|-------------|------------------|
| /0          | Instructor       |