

Tackling depression by changing the way you think

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Professionals in the field call it "depressive rumination." Using metacognitive therapy, you can rid yourself of depression by gaining control of your thoughts. Credit: Thinkstock

A thought is a thought. It does not reflect reality. New research shows that learning how to ruminate less on thoughts and feelings has a positive effect for individuals with depression.

Depressed individuals "don't need to worry and ruminate," says



Professor Roger Hagen, at the Norwegian University of Science and Technology's (NTNU) Department of Psychology. "Just realizing this is liberating for a lot of people."

Hagen – along with NTNU researchers Odin Hjemdal, Stian Solem, Leif Edward Ottesen Kennair and Hans M. Nordahl – has recently published a scientific paper on the treatment of <u>depression</u> using metacognitive <u>therapy</u> (MCT).

The study shows that learning to reduce rumination is very helpful for <u>patients</u> with depressive symptoms.

"Some people experience their persistent ruminative thinking as completely uncontrollable, but individuals with depression can gain control over it," says Hagen.

The patients involved in the study were treated over a ten-week period. After six months, 80 per cent of the participants had achieved full recovery from their depression diagnosis.

"The follow-up after six months showed the same tendency," says Hagen.

Separating thoughts and reality

Today, medications and cognitive-behavioural therapy (CBT) are the recommended treatments for depression and anxiety. In CBT, patients engage in analysing the content of their <u>thoughts</u> to challenge their validity and reality test them.

Metacognitive therapy, by contrast, focuses on lessening the ruminative process.



"Anxiety and depression give rise to difficult and painful <u>negative</u> thoughts. Many patients have thoughts of mistakes, past failures or other negative thoughts. Metacognitive therapy addresses thinking processes," Hagen says, rather than the thought content.

Patients with depression "think too much, which MCT refers to as 'depressive rumination.' Rather than ruminating so much on negative thoughts, MCT helps patients to reduce negative thought processes and get them under control," he says.



By becoming aware of what happens when they start to ruminate, patients learn to take control of their own thoughts. Credit: Thinkstock



By becoming aware of what happens when they start to ruminate, patients learn to take control of their own thoughts.

As Hagen explains, "Instead of reacting by repeatedly ruminating and thinking 'how do I feel now?' you can try to encounter your thoughts with what we call 'detached mindfulness.' You can see your thoughts as just thoughts, and not as a reflection of reality. Most people think that when they think a thought, it must be true. For example, if I think that I'm stupid, this means I must be stupid. People strongly believe that their thoughts reflect reality."

Fewer relapses

Patients who participated in the study have been pleasantly surprised by this form of treatment.

"The patients come in thinking they're going to talk about all the problems they have and get to the bottom of it," says Hagen, "but instead we try to find out how their mind and thinking processes work. You can't control what you think, but you can control how you respond to what you think."

The problem with several previous depression studies is that many of them did not use any control groups. Since depression often resolves itself over time, the lack of a control group makes it difficult to know whether a treatment was successful, or if the depression just naturally resolved itself.

NTNU's study compared the MCT group against one that did not receive treatment, which strengthened the results of their study.

According to Hagen, a lot of mainstream depression treatment shows a high recurrence rate. Out of 100 patients, fully half relapse after a year,



and after two years, 75 of the 100 have relapsed.

"The relapse rate in our study is much lower. Only a few per cent experienced a depressive relapse," he says.

Could become the standard treatment

The University of Manchester in England has developed the metacognitive therapy approach over the past 20 years as a form of cognitive therapy. Smaller studies at this university have shown that MCT treatment has had great efficacy in treating depression. A similar, soon-to-be-published study in Denmark has shown the same positive results.

Hagen hopes that metacognitive therapy will become the most common way to treat depression in Norway.

"When the national guidelines for the treatment of depression were changed five or six years ago," Hagen says, "MCT had not been empirically tested." Given the results of the NTNU and Danish studies, he recommends that professionals in the field consider whether this form of therapy should become the first choice for treating depression in people suffering from this mental disorder. "Many professionals in Norway have expertise in metacognitive therapy," says Hagen.

More information: Roger Hagen et al. Metacognitive Therapy for Depression in Adults: A Waiting List Randomized Controlled Trial with Six Months Follow-Up, *Frontiers in Psychology* (2017). DOI: 10.3389/fpsyg.2017.00031

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