

Mindfulness-based Interventions for Anxiety and Depression

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KEYWORDS

- Mindfulness • Mindfulness-based interventions • Anxiety • Depression
- Cognitive behavior therapy

KEY POINTS

- Research on mindfulness-based interventions (MBIs) for anxiety and depression has increased rapidly in the past decade. The most common include mindfulness-based stress reduction and mindfulness-based cognitive therapy.
- MBIs have shown efficacy in reducing anxiety and depression symptom severity in a broad range of treatment-seeking individuals.
- MBIs consistently outperform non-evidence-based treatments and active control conditions, such as health education, relaxation training, and supportive psychotherapy.
- MBIs also perform comparably with cognitive behavior therapy (CBT). The treatment principles of MBIs for anxiety and depression are compatible with those of standard CBT.

INTRODUCTION

Buddhist traditions first explored the concept of mindfulness in broad philosophic terms unfamiliar to most modern readers. Nevertheless, mindfulness has spread rapidly in Western psychology research and practice, in large part because of the success of standardized mindfulness-based interventions.¹ These interventions, namely mindfulness-based stress reduction (MBSR)² and mindfulness-based cognitive therapy (MBCT),³ incorporate the essence of Eastern mindfulness practices into Western cognitive-behavioral practice. The body of literature on mindfulness-based interventions (MBIs) has grown rapidly in recent years.^{4,5} Despite the popularity of these interventions, the evidence base is still not fully established, in part because this literature contains many cross-sectional studies, waitlist-controlled trials, and other methodological shortcomings that limit the strength of conclusions that can be drawn from these studies.¹ Considering these weaknesses, clinical researchers have increasingly

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studied MBIs with more rigorous methodology, allowing select meaningful conclusions to be drawn from the present body of work.

Recent reviews of well-designed randomized controlled trials comparing mindfulness treatments (primarily MBSR and MBCT) with active control conditions indicate that MBIs are effective in treating a broad range of outcomes among diverse populations.^{6–11} These outcomes include clinical disorders and symptoms such as anxiety,^{8,12,13} risk of relapse for depression,^{14,15} current depressive symptoms,⁹ stress,^{16–18} medical and well-being outcomes such as chronic pain,¹⁹ quality of life,^{14,20} and psychological or emotional distress.^{21,22} In addition, MBIs have been shown to work via changes in specific aspects of mental disorder, such as cognitive biases, affective dysregulation, and interpersonal effectiveness.^{17,23,24}

In addition to the mindfulness-based treatment protocols, mindfulness principles have been integrated into other notable therapeutic interventions such as dialectical behavioral therapy (DBT)²⁵ and acceptance and commitment therapy (ACT).²⁶ In addition, mindfulness has increasingly been explored within the context of cognitive behavior therapy (CBT) for emotional disorders.²⁷ The use of mindfulness in these treatment protocols is markedly different from MBSR and MBCT, in that mindfulness is merely a component of these interventions, whereas it is the core skill taught in mindfulness-based treatments. In addition, these treatments include other, nonmindfulness therapeutic ingredients, thus making it difficult to attribute therapeutic effects to mindfulness skills specifically.^{1,28} Despite these distinctions, MBIs are compatible with the dominant cognitive behavior psychotherapy practiced today. CBT is an umbrella term that refers to a conceptual model of treatment more than any single protocol.^{29,30} Mindfulness and acceptance strategies are consistent with general CBT principles because they target core processes, such as increased emotional awareness and regulation, cognitive flexibility, and goals-based behaviors.^{31,32} This topic is outside the boundaries of this article but it is likely to become part of the future of psychotherapy. As discussed throughout this article, mindfulness targets one such core process that has shown efficacy in reducing anxiety and depression symptom severity, as the core treatment ingredient as well as when integrated into other treatments. The primary aim of this article is to explore the ways in which cognitive and behavioral treatments for depression and anxiety have been advanced by the application of mindfulness practices.

OVERVIEW OF MINDFULNESS TREATMENTS

The overarching theoretic premise of MBIs is that, by practicing mindfulness (eg, through sitting meditation, yoga, or other mindfulness exercises), individuals become less reactive to unpleasant internal phenomena but more reflective, which in turn leads to positive psychological outcomes.^{3,33} This article briefly reviews the most recent literature in mindfulness-based treatments for anxiety and depression, starting with current perspectives in the definition and measurement of mindfulness.

What is Mindfulness?

Mindfulness refers to a process that leads to a mental state characterized by nonjudgmental awareness of the present moment experience, including the person's sensations, thoughts, bodily states, consciousness, and the environment, while encouraging openness, curiosity, and acceptance.^{34–36} Bishop and colleagues³⁴ (2004) distinguished 2 components of mindfulness, 1 that involves self-regulation of attention and 1 that involves an orientation toward the present moment characterized by curiosity, openness, and acceptance.

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