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Original article

## Evaluation of the effectiveness of mindfulness-based cognitive therapy to treat chronic insomnia



### Évaluation de l'efficacité de la thérapie cognitive basée sur la pleine conscience appliquée au traitement de l'insomnie chronique

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## ARTICLE INFO

## Article history:

Received 27 February 2011

Received in revised form 13 March 2015

Accepted 17 March 2015

## Keywords:

Insomnia

Mindfulness-based cognitive therapy

Beliefs and attitudes about sleep

Mental control strategies

## Mots clés :

Insomnie

Thérapie cognitive basée sur la pleine conscience

Croyances et attitudes à propos du sommeil

Stratégies de contrôle mental

## ABSTRACT

**Introduction.** – As having positive effects on reducing distress and symptoms associated with different mental and physical disorders, many studies have focused on mindfulness-based cognitive therapy.

**Objective.** – It is suggested that mindfulness-based cognitive therapy (MBCT) could help reducing insomnia by focusing on certain cognitive factors associated to insomnia.

**Method.** – A pre-experimental, pre-test protocol with a post-test and three month follow-up was used to measure the effect of a group intervention of eight sessions and 12 participants.

**Results.** – The intervention had a positive effect on participants' subjective evaluation regarding their sleep and the gains were maintained after three months. However, after the intervention, no significant effect was found on the objective measures of sleep. Two factors associated to the maintenance of insomnia, such as dysfunctional beliefs and attitudes about sleep and mental control strategies were improved following treatment and these improvements were maintained during the follow-up.

**Conclusion.** – The results of this study suggest that mindfulness-based cognitive therapy might be an interesting addition in the treatment of insomnia, given that it focuses on certain cognitive factors that contribute to the maintenance of insomnia.

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## R É S U M É

**Introduction.** – Les thérapies basées sur la pratique de la pleine conscience (*mindfulness*) sont de plus en plus rapportées dans la littérature et auraient des effets positifs pour réduire la détresse et les symptômes associés à différents troubles mentaux et physiques.

**Objectifs.** – Il est suggéré que la thérapie cognitive basée sur la pleine conscience (MBCT) pourrait contribuer à diminuer l'insomnie en ciblant certains facteurs cognitifs liés à son maintien.

**Méthode.** – Un protocole pré-expérimental pré-test, post-test avec un suivi à 3 mois est utilisé afin de mesurer l'effet d'une intervention de groupe d'une durée de 8 séances auprès de 12 participantes.

**Résultats.** – L'intervention a eu un effet positif sur l'évaluation subjective que les participantes font de leur sommeil et les gains se sont maintenus au suivi de trois mois. Toutefois, l'intervention n'a pas eu d'effet sur les mesures objectives du sommeil. Deux facteurs liés au maintien de l'insomnie soit les croyances et attitudes erronées à propos du sommeil ainsi que les stratégies de contrôle mental se sont améliorées significativement suite au traitement et ces améliorations se sont maintenues lors du suivi.

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*Conclusion.* – Les résultats de cette étude suggèrent que la thérapie cognitive basée sur la pleine conscience pourrait constituer un ajout intéressant au traitement de l'insomnie, puisqu'elle cible certains facteurs cognitifs qui contribuent à maintenir l'insomnie.

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## 1. Introduction

Insomnia can be a temporary problem, but it can also become recurrent and chronic, impeding sufferers' quality of life and causing marked psychological distress (LeBlanc et al., 2007). Therefore, 74% of insomniacs still present insomnia episodes one year later and 46% 3 years after (Morin, Bélanger, et al., 2009). While cognitive behavioural therapy (CBT) has been shown to be effective in treating insomnia, 20 to 30% of patients suffering from insomnia do not respond to this treatment (Morin, Vallières, et al. 2009).

Various models for explaining insomnia have been developed and focused on the different cognitive processes that might play a role in the development and maintenance of chronic insomnia (Espie, 2002; Espie, Broomfield, MacMahon, Macphee, & Taylor, 2006; Harvey, 2002; Morin, 1993; Perlis, Giles, Mendelton, Bootzin, & Wyatt, 1997; Reimann et al., 2010). These cognitive processes are excessive worrying, ruminating, beliefs about sleep and the consequences of insomnia, selective attention, and mental and behavioral strategies that are developing as the efforts made to fall asleep and stop thinking. These mental activities are objectified as significant cortical activity at bedtime and during sleep. These processes are not compatible with a judgment-free acceptance of the present moment, which would encourage sleep. Sleep practices based on mindfulness may contribute to counteracting the cognitive factors linked to persistent insomnia.

Over the past 25 years, this practice has been the subject of scientific studies in the western world and has been integrated into various forms of psychotherapy and psychological interventions (Shapiro & Carlson, 2009). Mindfulness has been combined with cognitive therapy in a recurrence prevention program for clients who have suffered from episodes of major depression (Mindfulness-Based Cognitive Therapy, MBCT; Segal, Williams, & Teasdale, 2002). The practice of mindfulness is an approach intended to expand one's conscience and to properly react to the mental processes that contribute to emotional distress and dysfunctional behaviour (Bishop et al., 2004). Of the many definitions of mindfulness, the Kabat-Zinn's (1996) is the one most often cited in studies "... paying attention in a particular way, on purpose, in the present moment, and non-judgmentally" (p. 22).

Diverse mechanisms of action for mindfulness have been proposed for explaining the effectiveness of this practice in treating various emotional disorders. These mechanisms are self-regulation of attention, orientation to experience, exposure, cognitive change, self-management, relaxation and acceptance (Baer, 2003; Bishop et al., 2004; Shapiro, Carlson, Astin, & Freedman, 2006; Teasdale, 1999). Among the several mechanisms, self-regulation of attention and orientation to experience have received the most consensus in the literature (Evans & Segerstrom, 2011; Heeren & Philippot, 2010; Williams, 2008).

According to Bishop et al. (2004), by self-regulation of attention, the practice of mindfulness enables people to become conscious that their attention has been diverted by a distraction and they are able to disengage from the distraction by voluntarily turning their attention to a previously determined focal point (e.g. breathing). With practice, it becomes easier to recognize attentional habits (attentional bias) and by redirecting attention, it then becomes available to other experiences (Carmody, 2009).

For Bishop et al. (2004), mindfulness is defined by adopting a particular orientation to experience. Therefore, by adopting an attitude of acceptance to experiences, they are no longer avoided or changed. Little by little, a different relationship with the experience develops (Segal et al., 2002). The development of a new attitude toward the experience, without being conscious of it or without trying to alter it, makes it possible to see the experience for what it really is (a thought, sensation or emotion), thus reducing aversion toward it and the desire to change what is occurring (Carmody, 2009). It has been suggested that practicing mindfulness results in an increased willingness to tolerate disagreeable emotions and sensations (Eifert & Heffner, 2003; Levitt, Brown, Orsillo, & Barlow, 2004). The effectiveness of mindfulness-based approaches has been receiving an increasing amount of empirical support for a wide range of physical and psychological problems (Hofmann, Sawyer, Witt, & Oh, 2010).

Some authors have already proposed exploring the practice of mindfulness in treating insomnia (Broomfield, Gumley, & Espie, 2005; Lundh, 2005). Influenced by Espie's psychobiological model (2002) in which insomnia is linked to a deficiency in the inhibition deactivation process rather than a hyperactive process, Lundh (2005) suggested that practicing mindfulness should positively affect sleep as it helps participants focusing on their physical and psychological processes without trying to control them. The importance given to insomnia, the meaning the person ascribes to it (e.g. a danger, a threat or an essential need to fulfill as soon as possible) also has an impact on the subsequent behaviour that will be adopted. Harvey (2002) also suggested that concerns about the inability to sleep and the consequences of lack of sleep enable autonomic activation and anxiety, which stimulate selective attention towards the inferences of internal or external threats to sleep.

Mindfulness-based cognitive therapy (MBCT; Segal et al., 2002) is a group intervention combining some aspects of cognitive therapy with learning of mindfulness. The MBCT teaches participants some skills to become more aware of their thoughts, emotions and sensations without judging them. They are taught to consider their mental processes (either negative, positive or neutral) as transitional rather than factual. The MBCT was demonstrated to be effective to prevent relapses of depression (Ma & Teasdale, 2004; Teasdale et al., 2000). In this study, the MBCT will be used, by slightly adapting its content to target insomnia rather than depression.

Until now, a limited number of studies have addressed the impact of mindfulness on patients with a primary diagnosis of chronic insomnia (Gross, Kreitzer, Reilly-Spong, Wall, Winbush, Patterson et al., 2011; Heidenreich, Tuin, Pflug, Michal, & Michalak, 2006; Ong, Shapiro, & Manber, 2008, 2009; Ong & Sholtes, 2010; Ong, Manber, Segal, Xia, Shapiro & Wyatt, 2014). Among the results reported, an improvement in sleep effectiveness and quality, in total sleep time, and a decrease in sleep onset latency was noted. Also, decreases of pre-sleep cognitive activity and efforts to sleep have been reported. Only two of those studies (Gross et al., 2011; Ong et al., 2014) used an objective sleep measurement. However, these studies, as well as the one from Ong et al. (2008, 2009, 2010) combined the CBT strategies for insomnia but with meditation practices base on stress-reduction. In our study, objective and subjective sleep measurement have been used while no specific CBT strategies for insomnia has been employed.

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